1. PLACE OF DEATH:

How long in hospital or institution?

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

County.....

11. Industry or business

13. Sirthplace

Address

14. Malden name.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

CERTIFICATE OF DEATH

Reg. Diat. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) (If outside city or town hmits, write BURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number DURATION

3. (a) FULL NAME 4. Sex 7. Birth date of deceased (mo., day, yr.) Davs If lass than one day 8. AGE: Years 10. Ilsual occupation.....

(If outside city or town limits, write RURAL and give nearest town)

Date thereof. month) (day) (year) Burial, cremation, or removal. 18. Funeral director

MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Immediate cause of death. (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please naderlino the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (State) (County) injured at home, farm, lodustry, public place (where?) Means of Injury Injured at work

M. D. or othe Date signed.

APR 7 1945 BUKEAU V.S TED FOR BINDING

VS A15

0	n on	of	2411 N. C	harles St., Baltimore 134
FILM No.G.9	A MAY 1	1 10/15	CERTIFIC	ATE OF DEATH
1. PLACE CF DEA County Henr City or town Henr (If on	THOLL YTON tside city or town lift death? y 1	mits, write	RURAL and give nearest town) 5 days	2. USUAL RESIDENCE (For newborn infants arylan State
Maryland Colored F How long to hospital or i 3.(a) FULL NAME	Tubercu ranch,	losis Henry	Sanatorium ton, Md.	Street No
	ELLA ELI			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	M
female	colore	d m	arried	20. DATE OF BEATH Mar
6,(b) Name of husband or 7. Birth date of deceased (mo., day, yr.	Tab	8.	(c) I1 alive, give age	21. I CERTIFY that death occur February 1 years and that I lost saw h er
8. AGE: Years		Days		Immediate cause of death
40 59	0	27	hrs,	min.
9. Birthplace	Newark (Town, Housew)	Md.	state)	Due to
11. Industry or business	at home	9		Oue to
t2. Name	Levin . Mt. We:			Other conditions Tuber
	Unknow			(Include pre
14. Maiden oame	01111110111			

PARTMENT OF HEALTH

3. (b) Social Security Number

74

_	O.A.	DERIII	Reg. Diat. No.
2	. USUA	L RESIDENCE (HOME newborn infants give resideue	e of mother)
S	tate	Maryland	County Worchester
C	ity or tox	Newark (If outside eity or town i	mits, write RURAL and give neerest town)
S	treet No.		
		(If rurai,	give LOCATION)
1 2	(a) If we	teran name war	

219-07-6860 MEDICAL CERTIFICATION

medicing obtain continue.	
20. DATE OF DEATH March 4, 19 45	10.351
21. I CERTIFY that death occurred on the date above stated; that I attended docea February 17, 19. 43 to March	4 , 19 45
and that I last saw h er alive on March 4,	ts. 4.5
Immediate cause of death Peritonitis	DURATION Oct. 1942
Due 10	0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =
Oue to	•••••
Other conditions Tuberculous Pleurisy	
(Include pregnency within 3 months of death)	

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: Il death was due to external caoses, filt in the following:

Accident, suicide, or homicide.....

Where did injury occur? (City or town) (County)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of Injury

Henryton, Md.

(Date rec'd by registrar)

Address

Registrar

APR 5 1945 BUREAU V.S. MARGIN BEKERVED FOR BINDING

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

02729

	21

....Date signed

		CER'	TIFICAT	E OF DEATH	Reg. Dist.	No. 76
City or town(If o	ARRATA LA		arest town)	2. USUAL RESIDENCE (HC (For newborn Infents give r State ARYLA) MA City or town (1f outside city or Street No. R. ARRAL (1f	County CARRO County CARRO town limits, write RURAL and Frural, give LOCATION)	give nearest town)
3. (a) FULL NAME	2	SAMUEL NE	150N 7	BAKER	3. (b) Social So	ecurity Number
1. Sei	5. Color or race WHITE	8.(a) Slogle, married, widowed, or MARRIED	r divorced		ICAL CERTIFICATIO	
8. AGE: Years 8. Birthplace	Months Months R. M. T. M. D. R. G. (Town, T. L. R. M. D. M. D.	Bays If less than one d Caunty, and state) Bays AKER Caunty, and state	mlo.	Diher conditions The American Conditions (Include pregnance) Major fludings of operations	May Cardia My Cardia Multiplicat y within 8 months of death)	OURATION OURATION OF THE STATE
Address 17. B.U.A. (Buriat, cremation, Cemetery or cremator Location	MRS. H. WEST RIAL Which!) ry M. D. R.	MINSTER, M	D. 5/4\ 5/4\ 1ddy) (year)	Autopsy results	canse to which death should be exteroal causes, fill in the followin	charged statistically.
Address		MINSTER, N		23. SIGNATURE Cha	o R Fani	L MA

Registrar

3/23 18 45 (Date rec'd by registrar)

And the control of th

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APR 3 1945

BUREAL

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1)

CEDTIFICATE OF DEATH

02730 7/2

			CERTIFICA	LE OF DEA	AIII	Reg.	Diat. No	<i>\Q</i>
1. PLACE OF I				2. USUAL RESID	ENCE (HOME) 0 infants give residence of	F DECEASE mother)	D:	
County CARAL XVESTM NATER # 4 City or town (17 outside city or town limits, write RURAL and give nearest town)				YLAND CO			000000000000000000000000000000000000000	
How long in above pic	ace of death?	4 >	FARS	City or town(If o	R UR A to Walled	S. S.T.M.	NSTER AL and give near	est town)
nospital, lastitution,	or street address where	death occurred	•	Street No	Raute (If rural, give		***************	100004000000000000000000
	or Institution?	•••••		2.(a) 11 veteran, name	war			
3. (a) FULL NA		JOHN	W. H. BLACK				ocial Security N	
4. Sex	5. Color or tace	6.(a)Single	, married, widowed, or divorced		MEDICAL C			
MALE	WHITE	5	SINGLE	20. DATE OF DEATH	MARCH	16	19.25	at 10 p.1
6.(b) Name of husba	nd or wife			21. I CERTIFY that dea	ath occurred on the date abo	ove stated; tha	t 1 attended deceas	ed from
) If alive, give ageyears		19.	to	•••••	19
7. Birth date of		BOUT	1875	and that I last saw h	alive en		•••••••	19
8. AGE: Ye	y, yr.) ars Months	Days	If tess than one day		leath			DURATION
ABOUT	70	Days	hrs	arterio	ochestie ?	10-V	duese	-
VIII.	Succes	<i>P</i> .	110		***************************************	************		****************
9. Birthptace	(Town,	county, and a	MD.	Due to	••••••••••••••••		***************************************	0.0000000000000000000000000000000000000
1D. Usoal occopation	LABOR	S. B.	ETIRED)			***************************************		**************************
11. Industry or busin	iess.						***************************************	******************************
241		M. 73	42515					***************************************
12. Kame	MD.							
E	Maex	A M	KLER	(Inci-	iude pregnancy within 8	months of dea	th)	
14. Maiden nam 00 15. Birthplace		teeresteeresteerest	M. trakin hadaman and an anni	Major findings of ope	erations M	TW/	*******************	0.0000000000000000000000000000000000000
≥ 15. Birthplace	Mo.		7	***************************************	<u> </u>		ate of op	
18. Informact	GEORGE	- La	BLACIS	Autopsy results		*******************	_22 22	
Address	WEST	MIN:	STER, MD.		underline the cause to w			ansticaby.
17. Bull cremati	3/AL ou, or removal. Which?)	Date there	01 3/20/4J (month) (day) (year)		eath was due to external cau			***************************************
Cemetery or crem	atory WEST		ER CEMETERY	Where did injury occur	(City or town)	(C	ounty)	(State)
Location	WESTA	1.6.X.S.T.	FR. MD		Industry, public place (w	bere?)	***************************************	
18. Funeral director	JIFA	DN CIS	REFSE	Means of Injury	A	Injur	ed at work?	
Address		TMIN	STER, MD.	23. SIGNATURE COM	est Thosa	L Bas	Ly Medi	al Exercise
19. (Date rec'd by	registrar) 19 4	-15	lvood word	Address Reel V.	wedow 7	nil	M. D. or	



. The correct age legibly.

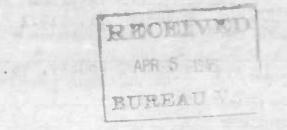
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Be

CERTIFICATE OF DEATH

74 Reg. Diat. No

1. PLACE OF I	PEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Maryland County Baltimore		
City or town			Ruxton		***************************************
How long in above pi	ace of death?	onth, ? days	City or town	write RURAL and give ner	rest town)
Marvi	and uberc	ulosis Sanatorium	Street No		
Color	ed branch,	Henryton, Maryland	(If rural, give I		
			2.(a) It veteran, name war	***************************************	
3. (a) FULL NA		nuel Booker		3. (b) Social Security Lost	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICIA CE	1	
male	colored	married		RTIFICATION	
mare			20. DATE OF DEATH MARCH 2,	19 45	11:66 M
The state of the s	nd or wite		21. ICERTIFY that death occurred on the date above Janurary 23, ts. and that I last saw h him alive on Mar	stated; that I attended dece 45 March 2	ased from A.M.
7. Sirth date of			and that I last saw h him allve on Mar	ch 2,	45
deceased (mo., da	v. yr.) Novemb	er 21, 1911			
8. AGE: Ye	ars Months	Days It less than one day	Peritonitis	***************************************	12/8/44
3		9min.	***************************************		•
B. Birthplace P.	rince Edwa	rd County, Va.	Rupture Appendi:	X	***************************************
b. Birinpiace	(Town, co	ounty, and state)	Due to		******************
10. Usual occupation	Mechani	<u>Q</u>		**********	M * * * * * * * * * * * * * * * * * * *
11. Industry or busin	IRS S		Due to		
24 40 H	William	Booker	Buber conditions Pulmonary Tu	herculosis	Aug.
12. Name	Prince Edw	ard County, Va.	Diher conditions		1941
M 13. Bir ingiace		,	(Include pregnancy within 8 months of death)		
E t4. Maiden nam	Elizabet	h Watkins ward Younty, Va. fman, M.D.	Major findings of operations		
15. Birthplace	Prince ad	ward wounty. Va.			
16. Informant	Reuben Hof	fman, M.D.	Autopsy results.		
Address	Henryton,	Mđ.	PHYStCIAN: Please onderline the cause to which		
			22. VtOLENCE: It death was due to external cause	s, fill in the following:	
t7(Burial, crematic	on, or removal, Which?)	Date thereot (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cometory or promi	in Clabrita	o Mem. Park	Where did injury occur?(City or town)		*****
12	coll in	11			
Lecation	uno //		Injured at home, farm, lodustry, public place (when		,
18. Funeral director.	mo des	. H. Holland	Means of injury	Injured at work?	
Address /6	31 Privid	Hill ave.	1 . (.	20 22-)
3720	15.	an 10 1 01	23. SIGNATURE	M I W	or other
(Date rec'd by	19. 40 Z	DULY LOCAL Registrar	Henryton, Md.	М. В.	3/2/45
(Date fee d by	De De	puby 10001 Registrar	Address	Date signed	



2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

02732

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County College	State Mid. County Gassroll
(If outside city or town limits, write RURAL and give nearest town)	City or town (17 outside city or town limits, write RURAL and give searest town)
How long in above place of death?	Q To by
nuspital, matterior, or other aggress more geam assuring.	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James H. Bowe	re none
4. Sex Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
m widowed	20. DATE OF DEATH March 25 1945 at 10:301
Elien Loth Polith	21. I CERTIFY that death popured on the dale above stated; that I attended deceased from
8.(6) Name of husband or wife Child and Colon A. Miller	warch 14 18 45 10 march 25, 945.
7. Sirth date of	and that I last saw hours alive on Market 24 1945
deceased (mo., day, yr.) Jan. 12 - 185-7	Immediate cause of death Parking 1, DUBATION
8. AGE: Years Months Days If less than one day	Lakar & Cardio
88 2 3 mms	In. Revaldesease 190.
9. Birthplace Handle (Town, county, and state)	Due to
(Town, county, and state)	artifacterase
10. Usual occupation Fall Mandal Ration	Due to
11. Industry or business	
12. Name Josiah 3 owers	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden pame Edlinda Auglichigle	
14. Maiden name Edlinda Argleleigle 15. Birthplace Md.	Major findings of operations.
ff. R	Bate of op.
16. Informant Clarification Constitution Con	Antopsy results
Address Cosmunity (MO)	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or exemetory Middle Alas B. Lamitary	Where did injury occur?
Location Landson Deal Mills	Injured at home, farm, industry, public place (where?) Means of injury injured at work?
18. Funeral director Albana Control of the Control	means of tiping
Address Westminsto md.	Willem Beecher
2/11 OCI Mandeet	23. SIGNATURE M. D. or other
(Date pec'd by registrar) Registr	ar Address All Sumstant Date signed 3/20745

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS

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APR 3 1945

BUREAU V.S.

PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02733

CERTIFICATE OF DEATH

1. PLACE OF DEATH County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StateMaryland		
City or town						
How long in above place of d	leath? 50	yrs	•••••	City or town	write RURAL and give nesrest town)	
Hospital, institution, or stre				Street No		
			•••••	(If rural, give	LOCATION)	
How long in hospital or ins	titulion?	••••••		2.(a) if veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
Mr.Bento	n Brini	ng			none	
4. Sex 5.	Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
M	W		married	20. DATE OF DEATH Man	17/ 19/45 - 81 4 A	
S (b) Name of husband or N	de Clara	A.Brin	ing	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
				X 1 2 2 2 T 19 19	44-, 10 Mars // My 1945	
7 Dieth date of			If alive, give ageyears	and that I last saw harmalive on Man		
deceased (mo., day, yr.)				Immediate cause of death	O.A.A. OURATION	
8. AGE: Years	Months	Days	If less than one day	O secure	1 vening by /8 days	
89	3	26	hrsmin.			
9. Birthplace	(Town	, county, and st	ate)	Due to Due to Wall	1 Mose 3 5 m	
11. Industry or business	Tohn C	Brining		•••••••••••••••••••••••••••••••••••••••		
E			***************************************	Other conditions		
		ermany		(Include pregnancy within 3 r	nonths of death)	
14. Malden name. Kg	atherine	Speilm	<u>an</u>	Major findings of operations		
OF AS Birdhalasa			Md			
16. Informant Mrs	Clara A.	Brining		Autopsy results	tick dook should be should existing the	
Address	Ta	neytown	.Md.			
				22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
17. Burial	removal. Which	?) Date there	Mar. 13, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
				Where did injury occur?(City or town)	(Country) (State)	
	•			Injured at home, farm, Industry, public place (wi		
Location				Means of injury	Injured at work?	
18. Funeral director .C. a.C				0		
Address	Tar	eytown,	Md.	23 SIGNATURE ON MILES	mer Mg	
19 March 13	. 19.4.6	- Oth	ele M Mehrney Registrar	Address genera Toras M	M. D. or other Date signed 3/12///	

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AR 4 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

02734

Reg. Diat. No.

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	Barclay
How long in above place of death? IU MONTHS, 3 days	
Hospital, Institution, or street address where death occurred:	Street No.
Colored Branch, Henryton, Md.	(If rural, give LOCATION)
How tong in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
MARY EMMA BROOKS	219-07-6536
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE DF DEATH March 28, 1945 21 10.00 N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 23, 19 44 March 28, 19 45
7. Birth dals of	and that I last saw h. er alive on warch 28, 19 45
deceased (mo., day, yr.) August 7, 1917	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Pulmonary tuberculosis March
27 7 21hrs.	min. 19 4 4
9. Birthplace Wilmington, Del. (Town, county, and state)	Due to
(Town, county, and state)	DUC (C.
10. Usual occupation. Defence Worker	One to
11. Industry or business	Due 10
E 75 133 173	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Spencer 15. 8irthplace Sudlersville, Md.	Major findings of operations.
15. Birthplace Sudlersville, Md.	Bato of op.
Neuhen Hoffman In D	
TO, INIVINANT	Autopsy results
Address Henryton, Md.	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thoreof (month) (day) (yet	70
Cometery or crematory	Where did injury occur?
Location 1 Frest Journ, Wed	Injured at home, farm, industry, public place (where?)
18. Funeral director Favores F. Hende	Means of injury tnjured at work?
Address 578 W. TBW Ste PAN	t The a Thomas on a
3/28 / 45 /// 4/2 /-	23. SIGNATURE M. D. or other
19 19 Aleek Strate	Address Henryton, Md. Date signed 3/28/45
(Date for a by regional)	ADDIESS

VS A15

APR 5 1945
BUREAU V.S.

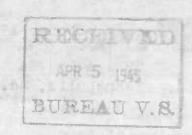
			FT 4
eg.	Dist.	No.	74

1. PLACE OF DEATH: County Carroll City or town Memryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Haspital, institution, or street address where death occurred: Maryland Luberculosis Sanatorium Colored Branch, Henryton, Maryland. 3. (a) FULL NAME IRENE BROWN 4. Sox 5. Color or raco 6. (a) Single, married, widowed, or divorced female colored married 6. (b) Name of husband or wife Joseph Brown 6. (c) It allow, give age 65 7. Birth date of doceased (mo., day, yr.) October 17, 1886 DURATION DURATION 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne arundel City or town imits, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats give residence of mother) State Maryland County Anne arundel City or town imitats write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State Maryland County Anne arundel City or town imitats, write RURAL and give nearest town) State
IRENE BROWN 4. Sox 5. Color or raco 6.(a) Single, married, widowed, or divorced female colored married 5. Color or raco 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. March 13, 19 45, at 4.00 A 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from March 12, 18 45, to March 13, 19 45 7. Birth date of October 17 1885 18 45 and that I last saw h. er. alive on March 13, 19 45
female colored married 6.(6) Name of husband or wife Joseph Brown 6.(6) Name of husband or wife Joseph Brown 6.(6) It allvo, give age 65 7. Birth date of October 17 1885 7. Birth date of October 17 1885 7. Birth date of October 17 1885
6.(b) Name of husband or wife. Joseph Brown 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from March 12, 18.45 to March 13, 19.45 7. Birth date of October 17 1885
6.(b) Name of husband or wife. Joseph Brown 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from March 12, 18.45 to March 13, 19.45 7. Birth date of October 17 1885
Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day Pulmonary Tuberculosis 1940
58 4 24
9. Birthplace Annapolis, Md. (Town, county, and state) 10. Usual occupation Housewife 11. industry or business at home Due to.
12. Name. William Pinkney Diher conditions. 13. Birthplace Annapolis, Md.
14. Maldeo name Julia Wallace (Include pregnancy within 3 months of death)
14. Maldeo name Julia Wallace 15. Birthplaco Annapolis, Md. (Include pregnancy within 3 months of death) Major findings of operations. Dato of op.
18. Informant Hem ryton, Ind. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causos, fill in the tollowing;
17. Date thereot (month) (day) (year) Accident, suicido, or homicide. Date of
Cemetery or crematory (City or town) (County) (State)
Localion Assessable 1970 Injured at home, farm, industry, public place (whore?)
18. Funeral director. Ethel L. Neck. Moans of Injury Injured at work?
Address 45 St. West St. acrospoles Sul 3 SIGNATURE Radge ADRING ma m. D.
19. 3/13 (Date rec'd by registrar) M. D. or other Registrar Address Henryton, Md. Date signed 3/18/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Sapply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legil MARGIN RESERVED FOR BINDING

correct age

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

	CERTIFICATE OF D	EATH	Reg. Dist. No.	2
1. PLACE OF DEATH: County	(For newb State	ESIDENCE (HOME) OF DE born infants give residence of mothe County	er) Clesso Elle c Ite RURAL and give near	*********************
3. (a) FULL NAME	7 /	3	(b) Social Security N	Vumber
mary & C	Tuchuan		~	
6.(b) Name of husband or wife Juliu W		at death occurred on the date above sta	ated; that attended decea	12 19 4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days 7. Birth date of Days 8. AGE: Years Month Days 9. Month Days	It less than one day It less than one day In mediate canse In mediate canse	awh alive on Ma	, i	DURATION
10. Usual occupation	Due to	Canal		15912
12. Name Sau Stime 13. Birthplate Manyleuce 14. Malden name Ao	ph.	(Include pregnancy within 3 month		***************************************
14. Malden name. Ro 15. Birthplace Marylend 16. Informant May Les Sho	Autopay results.	of operations	Date of op	
Address Houngst 17	Man 4445 22. VIOLENCE: (month) (day) (year) Accident, suicide	lease underline the canse to which d : If death was due to external causes, f e, or homicide	fill in the following;	
Cemetery or crematory	d The Injured at home,	occur?(City or town) farm, Industry, public place (where?))	
18. Funeral director Columbia	ston Means of Injury Lead Means of Injury 23. SIGNATURE.	Maurie (Injured at work?	in finis
1 12 W/= Jal	S by sheep to 23. Sibrature.		M. D. o	rother



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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 Dist	No	20

CER	TIFICATE OF DEATH Reg. Dist. No. So
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUKAL and give ner How long in above place of death? Hospitat, institution, or street address where death occurred:	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
3. (a) FULL NAME Seuris Philips	Crawner World
4. Sex 5. Color or race 6.(a) Single, married, y Blowed, or	MEDICAL CERTIFICATION
male will wasque	20. BATE OF DEATH MARCH 1940, at 5:00 m
6.(6) Name of the band or wife late. Elizabeth Cra	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) Cof 20-1869	and that I last saw halive on
8. AGE: Years Months Days If tess than one d	Immediate quase of dealb
9. Birthplace (Town, county, and gents)	Oue to
10. Usual occupation	Que to
11. Industry or business	
12. Name Plase Crausull	Other conditions
	(Include pregnancy within 3 mouths of death)
HI 14. Maiden name Amazie Welch	Major findings of operations. Note
E 15. Birthplace Wirginia	
16. Informant Call of Crawner	Autopsy results. None
Address New Wundson, Mid.	PHYSICIAN: Please undertino the cause to which death should be charged statistically.
17. Bate thereof Land (month) (6 (month) (1)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide described part of Mort 11 - 45
Gemetery or orematory	Sur The Mand I Sull Sull
Location linear Bridge Brade	Injured at home, famp; industry, publiq place (where?)
18. Funeral director Al Al Daring Clary T. S.	Means of injury talegraphy need injured at work?
Sorgeron Bridge & Mein Celyudso	4. Mile 23 SIGNATURACEURY & March Profeety Medical Commines
19 March P 14 Grant	Registrar Addresser M. D. or other Bate signed 117 45



MARYLAND STATE DEPARTMENT OF HEALTH

Registrar

TE OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HON Proposition of the Control	
Street No. /2m/	ng limits, write RURAL Mg give nearly town
2.(a) If veteran, name war	
ne	3. (b) Social Security Number
MEDIC	AL CERTIFICATION
20. DATE OF DEATH.	704 5 1145 in //45
21. I QER IFY that death occurred on the	e date above stated; that Lattended deceased from
and that I last saw h Aran Alive on	2014/3 to 27/2 3 1975
mmediate cause of death.	DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. Address.

18. Funeral director Address

(Date rec'd by registrar)



upply every item of information carefully. The correct age see write the causes of death clearly and legibly

WRITE PLAINLY, WITH UNFADING INF. S is especially important. Physicians plot

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 400 V

CERTIFICATE OF DEATH

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CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Golor or, race 6.(a) Single, married, withough, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Warely 13 - 1945, 212/12 P.M.
7. Birth date of deceased (mo., day, yr.) (26, 26 - 1863	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.45, to Mark 3 19.45, 19
8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace Town, county, and state)	Decedent regary To
10. Usual occupation	Due to Parcinous hebeho
12. Name Sloward July 13. Birthplace Wary Range	- Other conditions
14. Maiden name Mary Series Stevenson	(Include pregnancy within 3 months of death) Major findings of operations
16. Informate Sund Men Men William Address Milliam Milliam Wild.	Antopsy results
17. Bale thereof Man Add Jan 1944. (Burber, cremation, or removed. Which?) Bale thereof Man Add Jan 1944. (Burber, cremation, or removed. Which?)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Loc	Where did injury occur?
18. Euneral director Mandage Hein Windson MA	J. Maga
19. March 13 1943 Margaret 17 Tuglar	23. SIGNATURE. M. D. or other And a series of 3/14/11



G. 2 90

02741

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or fown Madesumales
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Springfille Stale Thorfulal	Streef No(If rural, give LOCATION)
How long in hospital of stitulion? Syss. 6	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number *
4. So. 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
V single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. C. Lotive on Man 24 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
88 6 25hrsmin	Cerenal Servorman 18th
9. Birthplace(Town, county, and state)	Due la Sent asterno Selevare 10 mg
10. Usual occupation	Due to.
11. Industry or business	an My touldes !
12. Name UNAME 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Uniformation 15 Birtholace	Major findings of operations
Carella Heart I Deed	
16. Informant All the state of the state	Autopsy results
Address Philipping And 29 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Bate fhereof, (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location alles Issueulle , Tel	Injured et home, farm, Industry, public place (where?)
18. Funeral director. A. Bankard & San	Means of Injury Injured at work?
Address Wistimuster, 2018.	23. SIGNATURE M. Mastin Mill.
19. Mas. 26 19 45 C Harry West Registrar	Address M. D. 3 otber M. D. 3

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correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-60



CERTIFICATE OF DEATH

0274276 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carrotte	(For newborn infants give residence of mother)		
(If ontside city or town limits, write RURAL and give nearest town)	hopping to PA 2		
How long in above place of death? And Andrews Whospital, institution, or street address where don't occurred:	(If outside city or town limits, write RURAL and give nearest town)		
nospital, institution, or street address where again occurred:	Street No. Alland Manager Mana		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mollie Will Ingler	mes		
4. Sex 5. Color or race 6.(a)Single/ married, widowed, or divorced	MEDICAL CERTIFICATION		
of widowed	20. DATE OF DEAT CLOSE 24 19 45 31 7 P. M		
6.(b) Name of husband or wife. Sansaul Illustrath Sugles	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
A CAN III	June 1 1945, 10 max 24 1945		
7. Birth date of	and that I last saw h. & alive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days tiles than one day	Immediate fause of death DURATION		
70 2 /3nrsmin.	wearing caucing grup		
De la to the all and			
9. Birthpiace (Town, county, and state)	Due to Control of the total of		
10. Usual occupation. Alayash.	With the same		
11. Industry or business	Due to		
# 12. Name Shiphada Buyllan	Differ conditions		
13. Birthplace Ph.A.			
14. Maiden name Sarala Magera	(Include pregnancy within 8 months of death)		
15. Birthplace	Major findings of operations		
m. Cal. DiBeach	Date of op.		
18. Informant J. M. S. S. M.	Autopsy results		
Address Whammale (1.D.) MA.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Purse Creeks Curreture			
Marit Property			
Location of All Market Miller Del Market State of State o	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		
18. Funeral director.	means of minor		
Address I helstrugter Md	CKO So Wilhers his		
1 26 44 Klessina	23. SIGNATURE		
19. (Datorec'd by registrar) Registrar	Address Weld Wille Date signed 3 fall 115		

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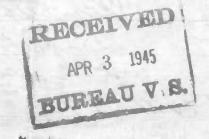
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MARYLAND STATE DEPARTMENT OF HEALTH

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age is shown on 2411 N. Charle	es St., Baltimore
	E OF DEATH Reg. Dist. No. 2#
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED?
County JANANA	(For newbort infants give residence of mother)
City or town. (If outside give or town limits, write RURAL and give no test town)	State Control State
Now long In above place of dealh?	(If outside city or town limits write TURAL and give nearest town)
hospital, Institution, or street astress where that hospitals.	Street No. 4.33 (If rural, give LOCATION)
How Jing in hospital or Astitution?	2.(a) If veteran, name war
3. (a) FULL NAME	X / 1 / 3. (b) Social Security Number
Elizabeth	Getrendanner
4. Ses 5. Color or race 6.(a) Single, married, with Ned, or divorced	MEDICAL CERTIFICATION
I married	2D. DATE OF DEATH March 25 1945, at 7 M
6,(b) Name of husband or wife	21. I CERTIEN that death occurred on the date above stated; that attended deceased from
e (a) Malling plus and	and 18 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) Oct / 6 th / 70	and that I last pur he last pu
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
74 7-3 5 9min.	Cestral remorrage 4 da
9. Birthplace - Maryland	Due to.
(Town, Sunty, and state)	not allering the
	Due Gelley & letter of Organ
11. Industry or business	Bither conditions A
13. Birthplace	Drafelie 3
14. Maiden name Elizabeth & Adams	(Include pregnancy within 3 months of death)
15. Birthplifte	Major findings of operations. Date of op.
18. Informaci Hus Elizabeth Bonhag	Actors results Christian Linux for a
4025 Dellen are Bellesda	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17 Burnel Date thereof Max. 28-46-	22. VIOLENCE: It death was doe to esternal causes, fill in the following:
(Buriat, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Rankwille, and	Injured at home, farm, Industry, public place (where?)
18. Funeral director. ST. R.	Means of Injury Injured at work?
Address Billush, md.	DOLONATION MASSING MA
19. Mar 25 19.45 C. Harry West Registrar	Address of Market State Signed 325/4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 948

CERTIFICATE OF DEATH

02744

1. PLACE OF DEATH: 00	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Carroll Carroll	
City or town (If outside city or town) limits fruits RURAL and give nearest town)	State Many County Carroll
	City or town (If obtaide city or town limits /write RURAL and give nearest town)
How long to above place of death?	1 1 4 1 1 2
	Street No. Maroutowa - Janey Com Otosal
	(If rural, give LOS ATION)
How long le hospilal or institution?	. 2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Oscar Sulf	ext 220-16-1975
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH March 18 1945 31.6 1 PM
Flore on In It Olat	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife Store M. Store	721 (e 1945 10 May 18 18 45)
7. Birth dale of	S Sand that I last saw h. Amative on May 13 1945
deceased (mo., day, yr.) Sex terming 13-1872	
8. AGE: Years Months Days If less than one day	Immediate cause of death
or nou.	hughla fleword
72 6 6mlo	0.
9. Birthplace Carroll County Mayful (Town, county, poststate)	Due to
70.01	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Samuel Gilbert	Dther conditions
12. Name Sansal Filbert 2 13. Birthplace Manla	
	(Include pregnancy within 3 months of death)
14. Malden name. Data Roll Bullen 15. Birthplace Manyland	Major findings of operations.
E 15. Birtholace Manyland	Date of op.
me all a me & Olat	
16, Informant	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
Address Elmon Budge, Mayor Ofontes	
17 Burial Date thereof March 22-194.	22. VIOLENCE: 11 death was due to externat causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereol. Manual 2 177. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lutheran Cametery	Where did Injury occur?
and the one of	1 to 4 at home for Indicator public place (where 2)
Location Linearing	
18. Funeral director D. D. Hartylis + Sur	Means of Injury Injured at work?
Address Iling Bud + Hew Window Mad	5 A Legg
Address from Surge & Dew Primer Fre	23. SIGNATURE M. D. or other
10 March 20, 1945 Margant R. Custan	
(Date rec'd by registrar)	Address Allen Date signed 2119-41

APR 3 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

(12745 Reg. Dist. No. 24

/					
1. PLACE OF DEATH: County				Streel No	
				Sr. 3.(b) Socia	I Security Number
4. Sex male	5. Color or race White		e. married, widowed, or divorced married	MEDICAL CERTIFICAT	
	or wife Louise			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 19.44 10. March 5 19.45	
7. Birth date of deceased (mo., day, yr.) November 21, 1896 8. AGE: Years Mooths Days It less than one day 48 3 14				and that I last saw h im alive on March 4 Immediate cause of death. Acute bronchopneumonia	
9. Sirthplace Frederick, Maryland (Town, county, and state) 10. Usual occupation Liaborer 11. industry or business Agriculture 12. Name 12. Name 13. Birthplace 14. Malden name 15. Sirthplace 16. Informant Springfield State Hosp. records Address Sykesville, Maryland 17. Dawled Report Report (Month) (day) (year) (Burial, cremation, or removal, Which?) Cemetery or crematory Address 18. Funeral director Address 18. Funeral director Address 19. Mar. 3 19. Mar. 5 19. Mar. 5 19. Maryland 10. Usual occupation Laborer 11. Industry or business Agriculture 12. Maryland 13. Maryland 14. Malden name 15. Sirthplace 15. Sirthplace 16. Caratter Veneral Address 17. Maryland 18. Funeral director Address 19. Maryland 19. Maryland				Gue 10	
				Other conditions General paralysis the insane (Include pregnancy within 8 months of death) Major fiedings of operations.	of 3 years
				PHYSICIAN: Please underline the cause to which death should	be charged statistically.
				22. V10LENCE: 11 death was due 10 external causes, 1111 in 1he 101 Accident, suicide, or homicide	ate of
				Means of Injury Means of Injury Mobert Bertrand May, M.D. 23. SIGNATURE Springfield State Hospita Sykesyille. Maryland	May In D

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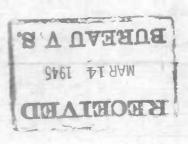
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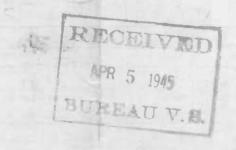
Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State MARYLAND COUNTY CARROLL (If outside city or town limits, write RURAL and give nearest town) Street No. 14 WILLIS ST. (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20 DATE OF DEATH MARCH 6, 19 45 at 6 a. N 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased 17mm DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Flease underline the cause to which death should be charged statistically.

Injured at work?





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 244

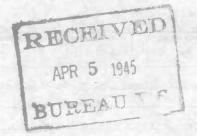
CERTIFICATE OF DEATH

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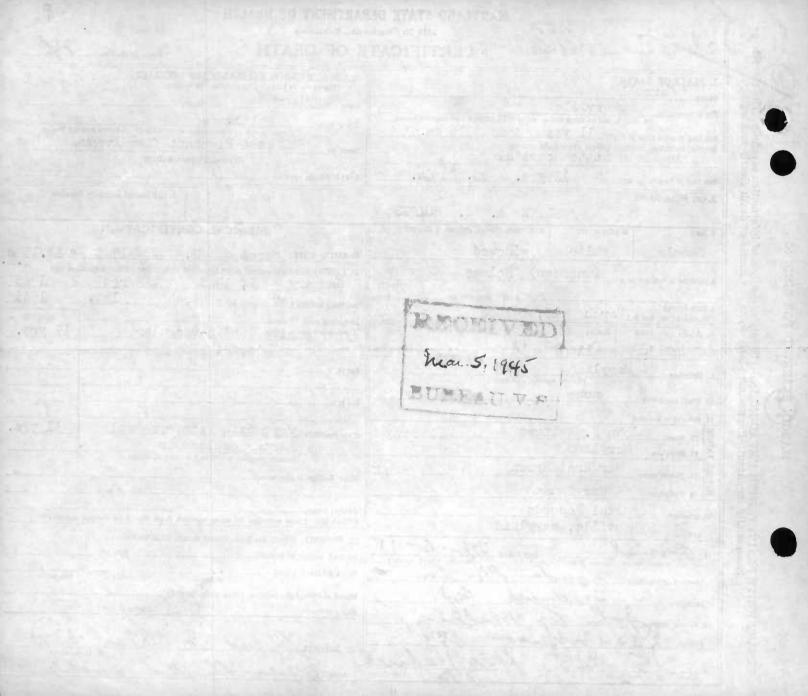
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	Reg. Dist. No.
1. PLACE OF DEATH: County City or town City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married Married	3. (b) Social Security Number 2/2-03-3852 MEDICAL CERTIFICATION 20. DATE OF DEATH. MALLA 8 19.45, at 3 ft. M
8. AGE: Years Months Days It less than one day hrs. min.	21. I CERTIFY that death occurred on the date above stated; that Fattended deceased from 19 10 19 19 and that I last saw h solive on DURATION DURATION
9. Birthplace	Due to
13. Birthplace 13-9/10, MC, 14. Malden oame 1/11/14 Tibbles 15. Birthplace 13-9/10 MC.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address 17. Bate thereof (month) (day) (year) Cemetery or crematory of the state	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
18. Funeral director Address 19. Million 19. H 3 Control March 19. H 3 Registrar	Injured at home, farm, Industry, public placs (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Address. Date signed 3-16-45

SELECTED STATE OF THE SELECTION OF THE S



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 934 CERTIFICATE OF DEATH Rog. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The confection of death clearly and legibly. (For newborn infants give residence of mother) Carroll State Maryland Sykesville (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) 4800 East Pleasant View Avenue Hospital, institution, or street address where death occurred: Springfield State Hospital (If rural, give LOCATION) 11 yrs. 4 mo. 26 da. How tong in hospital or instilution?..... 3. (a) FULL NAME 3. (b) Social Security Number ADELINE HOLMES MEDICAL CERTIFICATION 6.(a) Single, married, widowed, or divorced 5. Color or race causes BINDING widowed white female 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from (unknown) Holmes 6.(b) Name of husband or wifeyears Supply eve ESERVED FOR 7. Birth date of deceased (mo., day, yr.) March 1868 DURATION Immediate cause of death Hypertensive Cardio-vascular Days It less than one day 8. AGE: 1774hrs. min. Disease 20076 ADING INK. Physicians: pl Maryland (Town, county, and state) none 10. Usual occupation ... 11. Industry or business Other conditions Psychoaia with carebral John F. Walters 12. Name...... 13. Birthplace Arteriosclerosis Maryland important. (Include pregnancy within 3 months of death) Margaret Brown 14. Maiden nar 00 15. Birthplace 14. Maiden name... Major findings of operations..... Maryland PLAINLY, V Hospital Records 18. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Sykesville, Maryland Address 22. VIOLENCE: If death was due to external causes, fill in the following: Bus Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) WRITE injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director SE Registrar Address



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7		EASE WRITE PLAINLY, WITH UNFADING TAK. Supply every item of information carefully.	is especially important. Physicians: please write the causes of death clearly and le
		ref	N S
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 957

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CERTIFICATE OF DEATH

(12750 70 Reg. Dist. No. 70

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MA County Courty
City or town	5 7
How long in above place of death?	City or town (17 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULC NAME	3. (b) Social Security Number
Thro. Mary J. Houch	nene
4. Sex 5. Color or race 6.(a) bingle, married, widowed, or divorced	MEDICAL CERTIFICATION
J W Www.	20. DATE OF DEATH
B.(b) Name of husband or wife. William Houck	21. I CERTIFY that, death occurred on the date above stated; that Lattended deceased from
	75/- 26 1945 TO MOVE Z 19 KJ
7. Birth date of	and that I last saw h. [1] alive on
8. AGE: Years Months Bays If less than one day	Immediate cause of death
77 -78 11 25nin.	Carlo South
ma	Due to Musacandites Chronic
9. Birthplace(Town, county, and state)	000 10
10. Usual occupation	Due to Cerlen Seleron
11. Industry or hueinass	
E 12. Name Treduck Ough	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name than Sharb 15. Birthplace	Major findings of operations
15. Birthplace \ ms	major nadiags of operations
18. Informant Um Houck	Autopsy results
Toulatown me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dunia	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemelery or compatory	Where did injury occur?
Location andy there I sub-	Injured at home, farm, industry, public place (where?)
18. Funeral director Coll Husardan	Means of Injury Injured at work?
Address Danutowx True.	2 Hega
704 1 (= 11/= (QT+ 10) 201	23. SIGNATURE M. D. or other
19. March 0 19 4 5 Third Menual Registrar	Address Union Jun Date signed 3-3-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1867) CERTIFICATE OF DEATH



02751 74

			Reg. Dist. No
1 PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF	
City or town Sykesville,	Maryland limits, write RURAL and give nearest town) days	Boltimore	Baltimore City
Hospital, Institution, or street address where Springfield Sta	te Hospital	2611 Greenmour	nt Avenue
How long In hospital or Institution?	0 days	2.(a) It veteran, name war	J
3.(a) FULL NAME Annie Johnson			3. (b) Social Security Number
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female White			1945 at 6 9
	iam Johnson, decea	ears and the land comp of A value on	ove stated; that I attended deceased from 15 10 771 anch 19 19 19 Felt: 2 8 19 45
deceased (mo., day, yr.)	24, 1853	Immediate cause of death	
8. AGE: Years Months 10	Days If less than one dayhrs.	Fracture of ret. nece	
9. Birthplace Boston, Mas	sachusetts county, and state)	Due to	
10. Usual occupationFactory. 11. Industry or business	worker	Due to	
	y Chase		
	·	Other Conditions P	
		(Include pregnator within 3 m	months of death)
14. Maiden name Mary Ann	Barrows	Major findings of operations.	
15. Birthplace Main	e	Major English of Operations.	
Mrs. Alvin	Fowble, landlady	Autopsy results as about	2
		PHYSICIAN: Please underline the cause to wh	hich death should be charged statistically.
Address 2611 Greenmo	unt Ave., Balto.,	MO . 22. VIOLENCE: It death was due to external cau	
11 Burial	Date thereof (month) (day) (year)	Accident, suicide, or homicide	do- + man 2-27-45
(Burial, cremation, or removal, Which	0 1 0 5	Where did lalum arous? Aukasia	the Carroll 7nd
Cemetery or crematory	on only hall be with more and the time of the second	Where did Injury occur?	(County) (State)
Location Andrews	MA .	Injured at home, farm, Industry, public place (wi	here?)
18. Funeral director	m Coll Inc	Means of Injury Zell on floor	. Injured at work? No.
Address 1217 4 7	aul St.	23. SIGNATURE Edward	7. Kerman
19. 11/11/11/18/45	- CHaryleer	Sykesville	M. D. or other

APR 5 1945
BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

THE REST PROPERTY AND ADDRESS.

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

(12752 Rev Diet No. 76

X. PLACE OF DEATH: Westminister	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Land Lo Md	State In organia County Costoll
(If outside city or town limits, write RURAL and give nearest town)	Westministern
How long in above place of death? Hospital, institution, pr street address inner death occurred:	(If outside city or town limits, wate RURAL and give hearest town)
20 & Theens.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anner medora Johnson	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Kemale White Widauer	20. DATE OF DEATH MAY 1- 1945 at 3.1.5 M
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) Matter above and	Febry 1 - 1945 10 March - 1845
7. Birth date of Sunt 2 18 33 deceased (mo., day, yr.)	and that I last saw ber alive on Man 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
89 9hrsmin.	Stalstin Thus
mark d.	Al - museulit san
9. Birthplace Mary Land (Town, county, and atate)	Due to
10. Usual occupation	Chronic arterio Selena 107x
11. Industry or business	Due 10.
E 12. Name Samuel Radeleffe	Dither conditions
I 13. Birthplace ma	
14. Malden name & Annue Gasenell 15. Birthplace mac	(Include pregnancy within 8 months of death)
E 15 Birthniace ma	Major findings of operations
TT and blokans	Date of op.
16. Informant MANAGEMAN	Antopsy results
Address 20 Rast Stelly St	22. VIOLENCE: tf death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory St Johns Cemeter	Where did injury occur?
Location Ellicast leik Howard loo md	(City or town) (County) (State)
Sant Tan Jan 1	Means of Injury Injured at work?
18. Funeral director	
Address cellicol Celly md	23. SIGNATURE Clubs Rock With
(Date ree'd by registrar)	M. D. or other
(Date rec'd by registrar) Registrar	Address Wealington Mil This signed 3/1/V

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APR 3 1915

BUREAU V.S.

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	}	PLAINLY,
		WRITE
VS A16		PLEASE

Evidence for change of name of deceased is shown

MARYLAND STATE DEPARTMENT OF HEALTH

on	E OF DEATH	Reg. Dist. No.
J. PLACE OF DEATH: County Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 26 days Hospital ansiliulian ansiliulian and received reddicess where death occurred: Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) (For newborn infants give residence Maryland State Federals bur (If outside city or town lin Street No. (If rural, g 2.(a) If veteran, name war.	Caroline 'S. its, write RURAL and give nearest town)
3. (a) FULL NAME OSSI SHERERIELD JOHNSON		3.(b) Social Security Number

0. (u) 1 0 mm	105311			J. (0) Ducing Decum	/ Manuect
	FOLLIS SH	RREFI	TELD JOHNSON	218-05-82	36
4. Ses	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	colored	5	single	20. DATE DF DEATH March 3, 1945	3.15P
			c) If alive, give ageyea	NOV., D, 19 44 to Mar.,	3, 19 45
7. Birth date of deceased (mo., day,	A 7				100000000000000000000000000000000000000
8. AGE: Year	S Months	Days	If less than one day	Pulmonary Tuberculosis	Feb.
3	, , ,	8.		n	1941
9. Birthplace		urg,	Md state)		***************************************
1D. Usuat occupation.	Laborer	•••••			****
11. industry or busines	ss Unknow	n		Due to	
Aron Johnson 12. Name Aron Johnson Maryland				Other conditions	
13. Birthplace	Marylan	d	100		
			S	(Include pregnancy within 8 months of death)	
14. Malden name Ruth Phillips 15. Birthplace Maryland				Major findings of operations	
≥ 15. Birthplace			20 70	Date of op	
16. Interment	Reuben H	of I'ma	an, M. D.	Autopsy results	
Address	Henryton	, Mar	yland.	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
17Bu	n, or removal. Which?)	Date ther	eof Mars 1 /9/5 (month) (day) (year)	22. VIOLENCE: tf death was due to esternal causes, fill in the following: Accident, suicide, or homtcide	
Cemetery or cremat	ory Hede	cals	lug	Where did injury occur?	(State)
Location Tederals Length nel					
18. Funeral director. C. Harry Wells.				Means of Injury Injured at work?	
		/	2.1	7 5600	
Address	ykessil	2/1	21 11	23. SIGNATURE Occhaer Nofman, m. O.	
19. 3/3 (Date rec'd by registrar) 19 45 Clleff (Arranhue) Registrar				Honryton Mo.	3/3/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /8

CERTIFICATE OF DEATH

02754

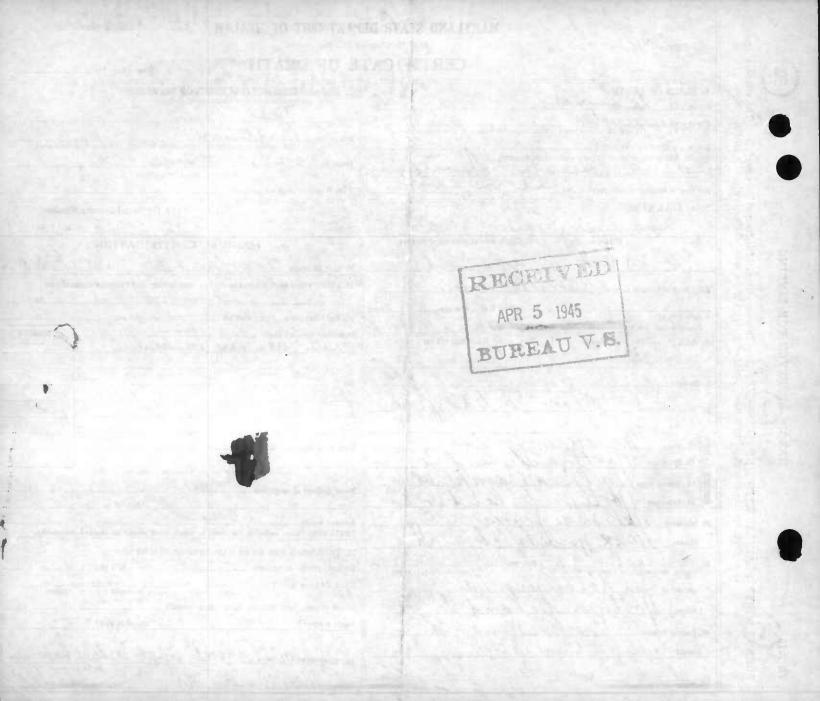
74

Reg. Diat. No.

1. PLACE OF DEATH: County. Carroll City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 mo's, 19 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Memryton, Maryland. 3. (a) FULL NAME Hilda Jones	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1534 McElderry Street (If rural, give LOCATION) 2.(a) If veteran, name war.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE DE DEATH. March 9, 18 45 at 4. 20A m
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from December 18, 18 44 to March 9, 19 45
7. Birth date of Tall	and that I last saw h er alive on March 9, 1945
deceased (mo., day, yr.) Feb., 19, 1929	
8. AGE: Years Mooths Days If less that one day	Immediate cause of death Pulmonary Tuberculosis June
16 0 18min.	1944
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to
10. Usual occupation Scholar	
11. Industry or business at school	Due to
Norman Jones 12. Name	Differ conditions
# 14. Maideo name Unknown Puth Berkey	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Baltimore, Md.	Major findings of operations. Date of on.
16. Informant Reuben Hoffman, M. D.	Autopsy results.
Address Henryton, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 14 10	22 YTOLENCE: If death was due to external causes, fill in the following:
(Barial, cremation, or removal, Which?) Bate theree Mills (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Salte James	Where did is jury occur?
Location Cutrette Go mas	Injured at home, farm, Industry, public place (where?)
18. Funeral director. To but William	Means of Injury Injured at work?
Address 15/5/12 Eldery 18	Noulan Holen m.D
19. 3/9 (Date rec'd by registrar) 19. 45 (Clare the recistrar)	23. SIGNATURE M. D. or other Hen ryton, Md. Rote signed 3/9/45

APR 5 1945 BUREAU V.S

(Date rec'd by registrar)



The correct age

every item of information carefully ite the causes of death clearly and

PLAINLY, is especially

WRITE

PLEASE

2411 N. Charles St., Baltimore 940

02756

CERTIFICA	TE OF DEATH Reg. Dist. No.
County City or town (If ortside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 years. // mon lin // days Hospital, institution, or street address where death occurred: Spain field State How long in Bospital or institution? 28 years // mon the // Many	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther) State
3. (a) FULL NAME Clara E. Kasey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced by Lite 6. (a) Single, married, widowed, or divorced by colors and single for the second	MEDICAL CERTIFICATION 20. DATE DF DEATH March 19 19.45 at 12.05P
6.(b) Hame of husband or wife	and that t last saw h alive on Multi-
8. AGE: Years Months Days If less than one day 72 6 /2hrs. min 8. Birthplace West Vinginia (Town, county, and state)	Due to or Leis occasion of essour 7 years
10. Usual occupation	Due to
12. Hame. Search Shriver 13. Birthplace Wesh Vinginia 14. Maiden name. Rosie Cook 15. Birthplace Wesh Vinginia	Majur findings of aperations.
16. Informant Hospital record	Autopsy results
Address Spring field State 40 tale 17. Bulliand Burland, ar removal. Whigh? (Burland, cremation, ar removal. Whigh?) Bale thereof Mark. 22 19th. (munth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,
Cometery or crematory Delikeling Andrew Market	Where did injury occur?
18. Funeral director Company of the Address Sugar Suga	23. SIGNATURE Trene Hitchman U.D.
19 Mat. 9 19 # 5 C Hally Well Registrar)	6 · 0: 16/1/20 > 18-41

THE RESERVE OF THE PARTY OF THE

APR 5 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

(2757 or, Dist. No. 75

CERTIF	FICALE OF DEATH	Reg. Dist. No.	./.0
1. PLACE OF DEATH: County	(For newborn infanta	(HOME) OF DECEASED: ripe realdeney of mother) County	oll
Hospital, Institution, or street address where death occurred:		(If rural, give LOCATION)	
How long in hospital or institution?			•••••
3.(a) FULL NAME Eliza Jane	Kerch	3. (b) Social Secur	ity Number
ternal White Widow	20. DATE OF DEATH	arch 18 4	5 145
8.(b) Nampot husband or wife George W Kenely (Alceased) 5.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) May 20, 18	March and that I last saw h. LT.	red on the date above stated; that Lattended on 19.45, to	leceased from
8. AGE: Years Mooths Days If less than one day	Immediate cause of deathmin.	ouch of freeze	DURATION
9. Birthplace (Cown, connty, and state) 10. Usual occupation (Balance 1)			6
11. Industry or business	Due to		<i></i>
12. Name legical Yrely 13. Birthplace Penna,	Other conditions	carolial d	e-
	Glulft (Include pre	gnancy within 8 months of death)	
14. Maiden name. Agra Mary Mill 15. Birthplace Penna	Major findings of operations.	***************************************	00
Julia aray Radd	SACI	Date of op	
Address Mills M		e the cause to which death should be char	
Marial march 13	174.0	due to external causes, fill in the following:	
(Burial, cremation, nr removal. Which?) (month) (day)	.,		
Cemetery or crematory		(City nr town) (Connty)	
Location Francisco A Maisha & and	Means of injury	Injured at work?	
18. Funeral director Address Address	1	1-10/1	0 . 111
Ollanda ON P. 1 Ham	23. SIGNATURE	J. July a. M.	D. nr other
(Date rec'd by registrar)	Registrar Address Mau	alaster Hande sign	ed Marce



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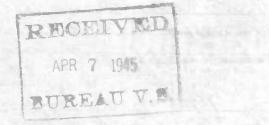
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120-0

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1 PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If vetoran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH March 16 1945 at 11:35 A
8.(b) Name of husband William June 1911 6.(c) If alive, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Chris 3 - 865 8. AGE: Years Months Bays It less than one day	and that I last saw h alive on
79 11 3 hrs. mlr	in.
9. Birthplace (Town, county, and state) 10. Usual occupation Adultation	
11. Industry or bosinees	Due to
12. Name Rodliam Rome 13. Birthplace Pennsylvania	Other conditions
14. Malden name Surah Mohlen 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations
16. totormant William Kinsey	Antopsy results. Date of op. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jul Condsor Villa. 17. Burid Bate thereof Marsh 19-194	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or remodal, Which) Cemetery or crematory (Manual Manual Ma	Accident, suicide, or homicide
Location Bedford Country Pennia	injured at home, tarm, industry, public place (where?)
18. Funeral director. M. S. Harris Blant Source Wed	June Thank
19 March 18 1987 Enwellmandy (Date rec'd by registrar) (Pate rec'd by registrar)	ar Address Rewlinish M. D. or other / +4

THE RESERVE OF THE PROPERTY OF THE PARTY OF



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 18-1

F DEATH

	rect ag		CERTIFICATE	OI
M)	cor	1. PLACE OF DEATH:	2.	USU

How long in above place of death? 31 yrs. 1 mo 7

Hospital, institution, or street address where death occurred: Springfield State Hospital

JAL RESIDENCE (HOME) OF DECEASED:
or newborn infants give residence of mother) Maryland County

(If outside city or town limits, write RURAL and give nearest town)

Baltimore (If outside city or town limits, writs RURAL and give nearest town) 3718 East Lombard Street (If rural, give LOCATION)

How long in hospital or institution? 31 yrs. 1 mo. 1 da.

widowed

3. (b) Social Security Number

4. Sex

7. Birth date of

8. AGE:

carefully.

information care

tem of

Supply every i

ADING INK Physicians: 1

important.

PLAINLY, V

WRITE

PLEASE

BINDING

FOR

MARGIN RESERVED

(unEnown)

CAROLINE

KURTZ

MEDICAL CERTIFICATION

3. (a) FULL NAME

6.(b) Name of husband or with ...

10. Usual occupation..... 11. Industry or business

18. Informant

Address

Cemetery or crematory.

deceased (mo., day, yr.) July

61

Baltimore

(Burial, cremation, or removal, Which?)

Germany

14. Maldes name Elizabeth Uhl
15. Birthplace Baltimore, Maryland.

Hospital Records

14. Maides name Elizabeth Uhl

Sykesville, Marvland

female

5. Color or race white

Sykesville

8.(a) Single, married, widowed, or divorced

Days

10

Maryland

(Town, county, and atate) none

John M. Weiss

Date thereof.....

..S.(c) It alive, give ageyears

(month) (day) (year)

It less than one day

.....hrs.

KURTZ

20. DATE DE DEATH

and that I last saw h er ative on

Lobar Pneumonia

March

Immediate cause of death.....

21, 1 CERTIFY that death occurred on the date above stated; that I attended deceased from

March

Fibrous pulmonary Tb

Paranoid Condition

(Include pregnancy within 3 months of death)

Major findings of operations.....

Where did injury occur?(City or town)

23. SIGNATURE Mans

Means of Injury

Registrar Address Ser

February 28, 1645 to Mar. 2 1945

2 7945 17 30 A.M

DURATION

3 days

3lyrs

PHYSICIAN: Please underline the caose to which death should be charged statistically.

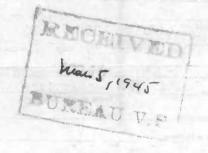
22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide.....

(County)

Injured at home, farm, industry, public place (where?) Injured at work?

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VS

THE SHOT DESIGNATION OF THE STATE OF THE STA



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 942 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) death clearly and How long in above place of death?.... (If outside city or town limits, write RURAL and give nearest town) Mospital, Institution, or stroot address where doath occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution?... 2.(a) If veteran, namo war...... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i RESERVED FOR BINDING March 2/ 1945 at 8-21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ... 19 1945 10 MAY 21 S.(c) If alive, give ageyoars 7. Birth date of Supply (lease wri deceased (mo., day, yr.) DURATION Months 8. AGE: Days ADNOSCIANS: 1 (Town, county, and state 1B. Usual occupation 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Maldon na 15. 6irthplace 14. Maldon name Use Major findings of operations..... PLAINLY, V 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to extornal causes, fill in the following; -24-(Burial, cremation, or removal, Which?) (month) (day) (year) Accident, sulcido, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, industry, public placo (where?)

Means of Injury

23. SIGNATURE

Registrar

Injured at work?

M. D. or other

VS A15

(Date rec'd by registrar)

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APR 5 1945

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PLEASE WRITE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

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t. No	00
	t. No.

			CERTIFICAT	TE OF DEA	TH	Reg. Diat. N	83
1. PLACE OF DEA	Carro	uita, write RUI LITE eath occurred:	CAL and give nearest town)	(For newborn in Maryla State Maryla Rura	ilGist utside city or town limi)Sykesu (If rural, giv	of mother) Carro	
3. (a) FULL NAME						3. (b) Social Sec	urity Number
	Al	LBERT	S. LINDSAY				
4. Sex Male	5. Color or race White	Wid	owed	20. DATE OF DEATH		28,	N 45 ,11;20 ^A
6.(b) Name of Rusband	Sen:		f alive, give ageyears	21. I GERTIFY that death	h occurred on the date at	bove stated; Ihat I attende	ed deceased from Ch.Z. F. 18.4.5 Z. F. 18.4.5
8. AGE: Years 74	Months 6	Days .	If less than ona dayhrsmin.	Immediate cause of det	arkle	J.	DURATION 3 da
9. birnpiace	Harmer (r	Maryl etired	:e)	Due to	eris S	Elerase	2 4 2
II. Industry or business II. Name	Levi	Linds Maryl	000000000000000000000000000000000000000	Other conditions .T.	ractu is Fall	e Left cloubist	
I4. Malden name	Luci	nda Ho Maryl	***************************************	Major findings of opera	ations	en the of the the	
18, Informant Mr		***************************************	y e, Md.	Autopsy results	•••••	which death should be ch	
Cemetery or Cremizion	or removal. Which?) Taylor	sville	3-31-45 (month) (day) (year)	Accident, suicide, or hon Where did injury occur?	(City or town)	(County)	(State)
Location Tay 1 18. Funeral director	C.1	M.Walt	Z	Injured at home, Iarm, In	ndustry, public place (v	where?)	
Address 19 March (Date rec'd by regi	30,46	Educa	d, Md. M. Hold all uly Le 22 Registrar	23. SIGNATURE	Herry	Agec Agec Date s	M. D. or other signed 3/29/45

: U) WR 5 1985 BUREAU V.E. APR 5 1965

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)				
VVWII 7			***************************************	state Maryland County Cecil Co.				
City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 3 months, 27 days			RURAL and give nearest town)	Eleton				
Hospital, institution, or	ow tong in above place of death? 3 months, 27 days ospilal, institution, or street address where death occurred: Naryland Tbc. Sanatorium		(If outside city or town limits, write RURAL and give nearest town)					
How long of hospital 6	d Branch	(Henr	yton, Md.	(If rural, give LOCATION) 2.(a) If veteran, name war				
3. (a) FULL NAM		LEE	MANNS		3. (b) Social Security	Number		
4. Ser	5. Color or race	6.(a)Slog	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
MALE	colored	si	ngle	20. DATE OF DEATH March 6,	1,45	at 1:P.M.		
				21. I CERTIFY that death occurred on the date about Nov. 7, 18.	e stated; that I attended dec	eased from		
7. Birth date of			(c) If alire, give ageyears	and that I tast saw h 1 m alive on Mar.	6,	19.45		
8. AGE: Years		Days	22, 1921 If less than one day	Pulmonary Tubercul	Losis	DURATION OCT		
23	10	12		P		1943		
10. Usual occupation	laborer unknow liam Man	county, and	State)	Due to				
13. Birthplace 14. Maldeo wame. 15. Birthplace	Va. Nanny Hi	ston		(Include pregnancy within 3 m				
	VA.							
-	uben Hof enrytom:		M.D.	Autopsy results				
	or removel Which?)	Date ther	eol 3/9/45 (month) (day) (year)	22. VIOLENCE: If death was due to exteroat caus Accident, suicide, or homicide	Date of			
Location				injured at home, farm, industry, public place (who				
18. Funeral director CHARLES M. COOPER			Coopian	Means of injury	Injured at work?			
Address 5/2	W. Con	NOLLYU	n Aus.	23. SIGNATURE ROLLER STOP	Gman, m. I) .		
19. 3/6	19 45	Denut	V LOCAL Registrar	enryton, Md.		or other 3/6/45		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64

CEPTIFICATE OF DEATH

02763

1. PLACE OF DEATH: County Cus Sure Research	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town City or town limits, write RULAL and rive nearest town) Street No. City or town limits, write RULAL and rive nearest town) Street No. City or town limits, write RULAL and rive nearest town) 2.(a) If veteran, name war
3. (a) FULL NAME Clayton Henry Thilles	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Proof 6 20. DATE OF DEATH 945 3.30 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 28 hrsmin.	Status Thy ruces tympsteen DURATION
9. Sirinplace W. S. M. Camall C. Hild. (Town, county, and state)	Bue to
11. Industry or business 12. Name Frank Tourishing Good Pa	Other conditions (Include pregnancy within 3 months of death)
18. Informant Summer Miller	Major findings of operations. Date of op
11	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
Location Assertion Assertion Address Constitution and Address Constitut	Injured at home farm, Industry, public place (where?) Means of Injury Table 1 Marsh Displace (where?) M. D. or other

ATTEND OF BUILDING THE BOARDS

RECEIVED

APR 3 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 18

Joiured at work?

3/29/45

CERTIFICATE OF DEATH 74 PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Carroll (For newborn infants give residence of mother) Maryland City or town Henryton (If outside city or town limits, write RURAL and give nearest town Chestertown 6 months. (If outside city or town limits, write RURAL and give nearest town) Morpital Institution or street address where death occurred: Sanatorium 207 Cross Street Colored Branch, Henryton, Md. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 212-16-1385 THEODOSIA ERNESTINE MURRAY 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION colored female single March 29, 45, 5.45P 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... Sept., 29, 44 March 29, 45 .. 6.(c) If allve, give age March 29. and that t last saw h er alive on August 15, 1922 deceased (mo., day, yr.) Pulmonary Tuberculosis DURATION If less than one day 8. AGE: Years July 14hrs. 1944 Chestertown, Md.
(Town, county, and state) Packer in Food Plant 10. Usual occupation. 11. Industry or business William T. Murray 12. Name..... Quacker Neck. Md. 13. Birthplace (Include pregnancy within 3 months of death) Sarah Harmon 14. Malden name. Major findings of operations..... 15. Birthplace Galena. Md. Reuben Hoffman, M. D. 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Henryton, Md. Address 22. VIOLENCE: If death was due to external caoses, fill in the tollowing; Date thereof (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal, Which) Where did Injury occur?(City or town) tniured at home, tarm, Industry, public place (where?)

Means of Injury

Henryton,

careful information caref of death clearly item of i ADING INK Supply eve Physicians: please write important. PLAINLY, vis especially WRITE

correct

(Date rec'd by registrar)

Deput

PYCHIVED.

ARR 5 1985
BUREAU V.S.

correct age

Supply every item of information carefully. The ease write the causes of death clearly and legib

MARYLAND STATE DEPARTMENT OF HEALTH, A

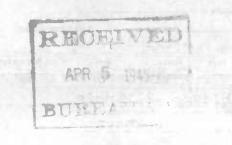
2411 N. Charles St., Baltimore 23.2

02765

CERTIFICATE OF DEATH

Reg. Dist. No. 74

How loog in above piac Hospital, institution, o Sprin	al near soutside city or town in outside city of the c	nths, death occurrent	23 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest street No. 1200 Valley Street (If rural, give LOCATION) 2.(a) It veteran, name war.	<u></u>
		rd Pag			
4. Sex male	s. Color or race white	6.(a)Singi	e, married, widowed, or divorced single	MEDICAL CERTIFICATION 2D. DATE DF DEATH. March 17 19 45 19	6:15p _M
		8.6	c) It alive, give ageyeai	september 8 19 44 16 March 17 ard that I last saw h im alive oo March 17	19 45
8. AGE: Year		Days 3	it less than one day	Immediate cause of death	
tD. Usual occupation. t1. Industry or busines t2. Name	nknown	nown	itate)	Due to	6 hours
14. Maideo name 15. Birthplace				Major findings of operations	
	esville,		Hosp. record	Autopsy results	stically.
Burial, cremation Cemetery or cremat Location 18. Funeral director Address	or removal. Which?	Date then	(month) (day) (year) Hopp Demoltry Hopp Registra	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	(A)

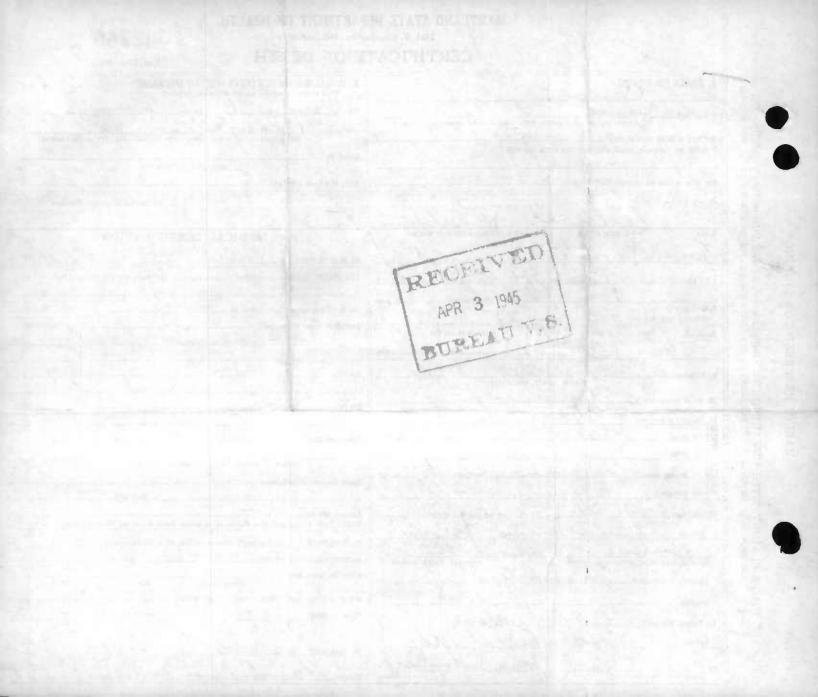


DURATION

(State)

FOR BINDING

MARGIN RESERVED



CERTIFICATE OF DEATH

()2767 Reg. Dist. No. 24

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carroll	(For newborn infants give residence of mother)		
City or town	State County Montgomers		
How long In above place of death? Tyld 8 mass - 13 dougs	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(11 outside city or town timits, write KUKAL and give nearest town)		
Springfield state Hospital	Street No. 47 9 (If rural, give DOCATION)		
How long in hashiral or institution? 74/10-2 man - 13 days.	2.(a) II veteran, name war.		
now long in Approx of institution			
3. (a) FULL NAME	3. (b) Social Security Number		
THOMAS WESLEY PERR	y		
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W/ S	20. DATE DE DEATH March 3 1945 at 115		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
	Jan 12 19 43 to March 3 19 45		
7. Birth date 01	and that I last saw h. 1991 alive on March 3 19.45		
	Impediate cause of death		
o. Adi.	Pulmonary Tuberculosis 2+ yrs		
28 9 /8min.			
9. Birthplace Bethesda Md. (Town, county, and state)	Due to		
(Town, county, and state)			
10. Usual occupation. — addy.	Due to		
11. Industry or business	DUC 10		
	But a Miles		
	Other conditions De Princeson		
	(Include pregnancy/within 3 months of death)		
14. Maldee name Virginia Sweet 15. Birthplace Virginia	Major findings of operations		
15. Birthplace Virginia	Bate of op.		
Reands & Spring Kinds	Autopsy results. None.		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address State Hosp., 241865VIIIe, Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Kernoval Bate thereof Mar. 6, 1945			
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory	Where did injury occur?		
Location Buthersham Many	Injured at home, farm, industry, public place (where?)		
h 12	Means of Injury Injured at work?		
18. Funeral director			
Address 128 Sue les 2001	Codword F. Kerman		
ma. 1 15 B 4/ 4/ 1	23, SIGNATURE		
19.// 6 19 H3 (Starry Wells	My Resurlle ms Bate closed 3-6-45		



MOTIFICATION SACTIONS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02768

1>	A MARIE MARIE		CERTIFICA	TE OF DEATH Reg. Dist. No	<u> </u>
A. PLACE OF DEA		rroll		2. USUAL RESIDENCE (HOME) OF DECEASED:	
CountyRur	oal Wood	TTOTI	************************************	(For newborn infanta give residence of mother) State Maryland Carroll	
City or town	ataida aitu or town lin	TO TILE	RURAL and give nearest town)	State County County Rural Woodbine	
How long in above place	of death?	Life)	City or town	t town)
Hospital, institution, or			d:	Street No.	
				(If rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war War #	
3. (a) FULL NAME				3. (b) Social Security Nu	mber
			HARRY M. POW	TERS	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Ur	known Lingle	m 11/12 11:	
			myres		
6.(b) Hame of husband o				21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
	***************************************	6.((c) If alive, give ageyear	19, 10	19
deceased (mo., day, yr	Ma:	rch	28, 1888		
8. AGE: Years	Months	Days	If less than one day	Immediate canso of death on a dellered	DURATION
5	7 11	6	hrsmin.		
			yland	Due to.	
9. Birthplace	(Town, e	onnty, and	atato)	Due to	******************
1D. Usual occupation	Labo	rer			
11. Industry or business				Due to	
	Rdwar	d Boy	vers	Other cooditions.	
12. Name	•••••••	Ma	aryland	Uther cooulings	
	Mary '			(Include pregnancy within 3 months of death)	
14. Maiden name 15. 9irthplace			ryland	Major findings of operations.	******************
≥ 15. 9\rthplace				Date of op	
f6. Informani	Family	Reco	ords	Autopsy results	
Address	Lu Go	rul		PHYSICIAN: Please nudertine the cause to which death should be charged state	tistically.
. Buria	1			22. VIOLENCE: If death was due to external causes, fill in the following;	_
(Burial, cremation,	or removal. Which?)	Dale the	eof 3645 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator	y Morga	n Cha	apel	Where did injury occur?	State)
	arrollCo			Injured at home, farm, industry, public place (where?)	
Location			Valtz	Means of injury Injured at work?	
18. Funeral director				and and a	,
Address		Winf:	ield, Md.	- March Tel T. Redinders	umi.
marel	6 46-	81	in m Houl'H	M. D. or o	ther //
(Date rec'd by reg	istrar)	Solo	Registrat	Address Mellewer Met Date signed 2	14/W

PRODUCTO TRADITION

THE REAL PROPERTY.

RECEIVED

APR 5 1965

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INF is especially important. Physicians:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6.



02769

CERTIFICATE OF DEATH

74

				Reg. Dist. No	
1. PLACE OF DE	ATH: roll		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
	Hannetan		state Maryland County Talbot		
(If o	Henryton	limits, write RURAL and give nearest town)	Sherwood	Inty	
How long in above place	of death? 4	months, 7 days	(If outside city or town limits	, write RURAL and give nearest tow	n)
Hospital, Institution, or	street address where	death occurred:	Stroet No.		
Marylan	d Tubero	ulosis Sanatorium	(If rural, give		
How long in hospital of	Institution?	Henryton, Maryland	2.(a) If votoran, name war	•••••••••••	
3. (a) FULL NAM	E			3. (b) Social Security Number	
		VIRGINIA PRITCHA	RD	Lost	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	Α.
Female	col.	married	20. DATE OF DEATH March 7,	19 45 ,110	:55 ^A
6.(b) Name of husband	or wite		21. I CERTIFY that death occorred on the date abo	ove stated; that I attended deceased from	4.5
			000.00,	44 to March /	1945
7. Birth date of	Sent	ember 15. 1903	and that I last saw h. er alive on Maj	rch 7,	1940
doceased (mo., day,) 8. AGE: Years		Days It loss than one day	Immediate cause of death	DI	RATION
O. INGE.			Pulmonary Tubero		3.4
4:		20hrsmin.			1943
9. BirthplaceK	ings Geo	rges County, Va.	Duo to		

10. Usual occupation. Worker in Canning Factory			Due 10		
11. todustry or busines	s				
質 12. Name He	nry Bold	en	Other conditions		
13. Birthplace	Unknown				
X X	IInknown		(Include pregnancy within 3 r	months of death)	
HLOW 14. Malden oame.			Major findings of operations		
≥ 15. Birthplace	Uninown			Dats of op	
16, Informant Re	uben Hof	fman, M.D.	Antopsy results		
Address He	nryton	Maryland	PHYSICIAN: Please underline the cause to wi	hich death should be charged statistical	ly.
. 1			22. VIOLENCE: If doath was due to external cau	ises, fill to the following:	
(Burial, cremation, or removal, Which?) Bate thereof Man. 1.3, 1945 (month) (day) (year)			Accident, suicido, or homicide	Dato o1	
	// //		Where did injury occur?(City or town)	(04-6)	
Cemetery or crematory A. J. J. J. Land Control of the Control of t					
Location	/		Injured at home, farm, Industry, public place (wi		
18. Funeral director	Can Fla	Ery Wille	Means of Injury	Injured at work?	
Address	alyk	eseille, Zug.	23 SIGNATURE Reuben &	Ofman 70. D.	
19. March	7, 19 45 gistrar)	Olles R Sunsking	Henryton Md	M. D. or other Date signod 3-7	-45

APR 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

74 Reg. Dist. No...

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Ho	enrvton	******************	***************************************	State Maryland Coun	ntv	
City or town			De 1+ i morro			
			(If outside city or town limits			
				Street No. 534 W. Cross		
Colored	Branch.	Henry	Sanatorium ton, Maryland	(If rural, give	LOCATION)	
now long in nospitat of	or institution?			2.(a) If veteran, name war		***************************************
3. (a) FULL NAM	E	DET.O	RES ELLA MAY P	POPHET	3. (b) Social Security	y Number
4. Sex	5. Cotor or race		e, married, widowod, or divorced		ERTIFICATION	
female	col.	a i	nalo			2 057
1 ema 1 e	601.	SI	ngle	20. DATE OF DEATH March 21,	1945	a 6:05P
7. Birth date of	Ammi		e) If alive, give ageyears	21. I CERTIFY thal death occurred on the date about the companies of the c	44 to March	
deceased (mo., day, 8. AGE: Year		Days	It tess than one day	Immediate cause of death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DURATION
1:	1 10	26	hrsmin.	Pulmonary tubercu	llosis	9/15/44
9 Rirthniaea	Baltimore	Md.	tate)	Due to		
				-		***
10. Usuat accupation.	Schol	lar	•-••••	Que to.		***
11. Industry or busines	38			840		****
12 Name	James Pro	phet		Dther conditions		
13 Birthplace	James Pro South Car	olina				
<u>~</u>	Lola ((Include pregnancy within 3 m	onths of death)	
14. Maldeo name.				Major findings of operations	***************************************	
≥ 15. Birthplace	Sparts	anburg	, S.C.			
16 Interment Ret	uben Hof:	man.	M.D.	Autopsy results		
Md He	nryton. N	farula	nd	PHYSICIAN: Please underline the cause to wh	ich death should be charged	d statistically.
Address Henryton, Maryland 17 Beeca Date thereof M G. 24th/4				32XIOLENCE: If death was due to external caus		
(Rivial arametian or removed Which?) (month) (day) (year)				Accident, sutcide, or homicide		
Cemetery or compatory my Cala Care Janes Location Book Sand Mich				Where did injury occur?(City or town)	(County)	(State)
				Injured at home, tarm, industry, public place (wh		
01) (1)				Means of Injury	Injured at work?	
18. Fueeral director C	1= /	VIL		2		
Address 00		entle	er ou	23. SIGNATURE CLOSE TO	fuon m.	7.
. March	21, 45	alle	dell Swankley	23. SIGNATURE	М. D.	, or other
(Date rec'd by re	gistrar)	De	puty Local Registrar	Address Henryton Md.	Date stgned	3-21-45



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

74 Reg. Dist. No....

1. PLACE OF D	EATH: rroll			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
City or town	Henryton		RURAL and give nearest town)		nty	
How long In above pla	ce of dealh?	Lo day	'S	City or town Baltimore (If outside city or town limits	, write RURAL and give ne	earest town)
Marylan	or street address where	death occurred	t: Sanatorium	Street No. 620 Saratog	a St.	
Henryto	n, Maryla	ind	Sanatorium		LOCATION)	1
		***************************************		2.(a) If veteran, name war	,	
3. (a) FULL NAI	VI E	SHE	LLY MARY ROSS		3. (b) Social Security	Number
4. Ser	5. Color or race	6.(a)Single	e, married, widowed, or diverced	MEDICAL CE	ERTIFICATION	
female	col.		married	20. DATE OF DEATH March 11,	1945	5, 5:20
6.(b) Name of husban	d or wifeJOI	n Ros	S	21. I CERTIFY that death occurred on the date abo	ve stated; that I altended dec	eased from
7. Birth date of	35		c) If alive, give ageyears	and that I last saw h. Cr. alive on Mar		
deceased (mo., day		ch 4,		Immediate cause of death		
8. AGE: Yea	Months	Days 7	tt less than one day	Pulmonary Tubercu	losis	
G	reensprin	g. N.			***************************************	1940
9. Birthplace	(Town,	county, and s	state)	Due to	**************************************	***************************************
10. Usuat occupation	Housev	vife	***************************************	Ove to	************************************	
11. Industry or busine	953			Due (U		***
12. Name	Willie Yo North Car	rk olina		Dther conditions		**
M Molder com	Mary Br	own	•••••	(Include pregnancy within 8 m		•••
14. Malden name	Greens			Major findings of operations		
18. toformant R	euben Hof	fman.	M.D.	Autopsy results.		
	enryton.			PHYSICIAN: Please underline the cause to wh		
134	on youn,			22. VIOLENCE: tf death was due to external cause	ses, till in the following:	
(Burlal, crematio	on, or removal. Which?		(month) (day) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or crema	tory HUT C	bul	and a	Where did injury occur?(City or town)	(County)	(State)
Location Mt. Wingus, Mrd.				Injured at home, farm, Industry, public place (wh		
18. Funeral director mus Katel Williams Address 322 n. Scholder St.				Means of Injury	tnjured at work?	
				23. SIGNATURE Reulay Ho	Gua m. T	0.
19. March	11, 19 45 registrar)	alf	Sept S. Loca Rogistrar	Address Henryton, Md.	/ M. D.	or other 3-11-45



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

St., Baltimore 830	02772
E OF DEATH	Reg. Dist. No
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:

3. (b) Social Security Number

CERTIFICATE OF DEATH

ounty Control	>
ily or town	L and give nearest town)
low long in above place of death?	Jan
low long in hospital or institution?	
Sigar Howell &	chaeffer

(For newborn infants give residence of moth (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If yeteran, name war.....

4. Sex

7. Birth date of deceased (mo., day, yr.) 8. AGE: Years

18. Usual occupation.

14. Maiden name

11. Industry or business 13. Birtholage

15. Birthplace

(Buriai, cremation, or removal! Which

21. InCERTIFY that death occurred on the date

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should he charged statistically.

Accident, suicide, or homicide..... Where did injury occur? (City or town)

22. VIOLENCE: It death was due to external causes, till in the following;

Injured at home, farm, Industry, public place (where?) Means of Injury

(County)

Injured at work?

Address (Date rec'd by registrar) Registrar

RUREAU T.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CEDT	riei	CAT	F. OF	DE	ATT
LEK	LIPI	LAI	r. Or	1 J Pt.	Δ .

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, we residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Canall		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death	57.5. me		
522 Men It.	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
IDA MAY SHEETS			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
J. W. married	20. DATE DE DEATH March 7, 1945 at 1 A, M		
Horse C. Net.	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
6.(0) Namo of husband or wife	me 1 , 1940 10 3 - 7 - 1945		
7. Birth date of years	and that I last saw her alive on march 97 1945		
deceased (mo., day, yr.) 20.24, 1869	Immediate caose of death DURATION		
8. AGE: Years Months Bays If less than one day			
75 3 /3mio.	TAL ACCIONATION OF THE		
8. Birthplace . State (Town, county, and gate)	Due to Coscillarosis		
10. Usual occupation			
11. Industry or business	Due to		
(x) h			
12. Name 12. Name Pla .	Dither conditions		
E 22 (2) N/ 11	(Include pregnancy within 8 months of death)		
14. Maiden name. All Maller V. Marfy Mayor.	Major findings of operations.		
Z 15. Birthplace Mupplemoburg Ca	Date of op.		
18. Informant M. Lande C. Shells	Aotopsy results		
Address 5 2 E. Massi St - West musicles and	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.		
Busine mand in luc-	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or overapry Aprile Cemeter,	Where did injury occur?		
Location Shippenthera Pa:	Injured at home, farm, industry, public place (where?)		
18. Funeral director 2.5. Mules 2	Means of Injury Injured at work?		
Address Mestminter med.	& Rose setind hers lak		
3/6 Us - Na presido	23. SIGHATURE. M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Westurnstern Date signed 3 / 4 / 1-1-2		

RECEIVED APR 3 1945 BUREAUV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

75

CERTITICA	Reg. Diet. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
	2.(a) 11 yeleran, name war
3. (a) FULL NAME Cugust # Slielle 4. Sex 5. Chief or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Suigle	MEDICAL CERTIFICATION Narch 25 18.45 8250 P
8.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death Coloradory Sclerosis Coloradory Mironebosis G. Mary Bue to
10. Usual occupation	Due 1q
12. Name Hudwick Shelle	Dther conditions
14. Maiden name Suplica Hacues 15. Birthplace	Major findings of operations
18. Informant Otto Shilke Address Flew Rock, Pa	Autopay results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Clausel Co Mig	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. Adjusted Justine Miles	Meane of Injury Injury at work? Injury at work?
19 Mar. 28 1945 Wrs. H. R. S. Denner Registrar	23. SIGNATURE M. D. or other Address Afauches Ker Md Date signed 3-25-45

PERSONAL PROPERTY OF

APR 5 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

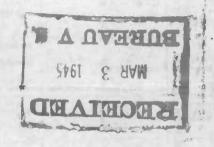
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9	2. "	- 1	
1421	W	3	1

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1. PLACE OF DEATH: County County City or town Image: Sykesville City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years, 5 months Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 2 years, 5 months 3. (a) FULL NAME 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slale Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war. 3. (b) Social Security Number	
2 (a) SIIII NAMS	
3. (a) FULL NAME Charles Smallwood Charles Smallwood	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION male White Widowed 20, DATE OF DEATH March 19 45 12:30	0a m
6.(b) Name of husband or wife. Kate R. Espey 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 21. Birth date of deceased (mo., day, yr.) January 20, 1859 8. AGE: Years Months Days If less than one day If less than one day Institute Institute	45 TION
86 1 19	yrs.
(Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Coronary sclerosis 3 We	eek
El 13. Birmplace 110 Well a O'Cull by 1 Mell y 120 110	yrs
14. Malden name Rebecca Hipsley 15. Birthplace Howard County, Maryland 16. Informan Springfield State Hosp. records Address Sykesville, Maryland (Include pregnancy within 3 months of death) Major fieldings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Date thereof. Mal. 21, 1945 (Burial, cremation, or remove) Which?) Cemetery or crematory Advantage of the following: Cemetery or crematory Advantage of the following: Cemetery or crematory Advantage of the following: Accident, suicide, or homicide	
18. Funeral director. Address 608 Herederich Colonial Springfield State Hospital M.D. or other (Date rec'd by registrar) 18. Funeral director. Means of Injury Injured at work? Robert Bertrand May, M.D. Springfield State Hospital M.D. or other Address Sykesville, Maryland Date signed 3-19-4	4.5



t age	of duration	n is shown	on 2411 N	N. Charles St., Baltimore B	
oe/	FILM No. G	92 MAR 1	6 1945 CERTIFI	FICATE OF DEATH Reg. Diat. No. 74	a 0 to
information carefully. The corof death clearly and legibly.	County Carroll Henryton City or town Henryton			days. City or town (If outside city or town limits, write RURAL and give nearest town)	******
tion h cl			ionity cont, mary ra		• • • • • • • • • • • • • • • • • • • •
rma	3. (a) FULL NAM	L	OTELIA SMITH	3. (b) Social Security Number	
of of	4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
of	female	colored	single	20. DATE OF DEATH, March 1, 19.45 at 3:30	Α.
every i	6.(6) Name of husband or wife				45
Suppl	8. AGE: Years Months Bays if less than one day 19 5 0		Days If less than one day O	Pulmonary Tuberculosis Pulmonary Tuberculosis 190 Due to	
NG sicia	10. Usual occupation			Due to	• 0 • 0 • • • • •
UNF ant.				(Include pregnancy within 5 months of death)	
WITH				Major findings of operations	
PLEASE WRITE PLAINLY, is especially				PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
PLE	March (Date rec'd by re	1. 45	Alleph A Socal R	23. SIGNATURE M. D. or other Registrar Address Henryton, Md. Date signed 3-1-4	5



CEDTIFICATE OF D

EATH	Reg. Diat. No
re 19/2	(1,000

		CERTIFICA	IE OF DEATH	Reg. Dist. No.
City or townRu (12 How long in above plac Hospital, institution, o	rroll ral_Taneyt outside city or town is se of death? 13 or street address whera or institution?		Slate Mary Land Cou City or town Rural - Taney town (If outside city or town limits Street No.	nty Carroll . write RURAL and give nearest town) LOCATION)
	zra D. Spa			None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	1 -	ERTIFICATION
Male	White	Widowed	2D. DATE DF DEATH. Land	19 1945 19:45 A. 1
6.(b) Name of husband 7. Birth date of deceased (mo., day,		h.J. Myers	21.1 CERTIFY that death occurred on the date abo	45 to March 19 18 45
8. AGE: Yea	rs Months	Days If less than one day	Chronic Diffun	
7	3 8	20min		
1D. Usual occupation.	Carpent	County, Md.	Due to.	
12, NameS	Ponna		6-	Brachiti 4 days.
		n	(Include pregnancy within 3 r	
16. Informant MIT	. Lake Wea	nt	Antopsy results	hich death should he charged statistically.
Address T	aneytown,	Md.	22. VIOLENCE: If death was due to external cau	
	on, or removal. Which		Accident, suicide, or homicide	Date of
Cemetery or crema	tory Baust C	emetery		
LocationNe	ar Taneyto	wn, Md.	Injured at home, farm, Industry, public place (w	here?)
		Son	Means of Injury	tnjured at work?
Address	Taneytown,	Md. The Man M	23. SIGNATURE R. S. MCL	Jangh M.D.
19/Mareh	egistrar)	- CMU W Me Mary Rogistra		. W. Data signed 3/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pr VS A15

correct age

... Jupply every item of information carefully. The please write the causes of death clearly and legibl

MARGIN RESERVED FOR BINDING

APR 4 1945 BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(12778 4/

CERTIFICAT	TE OF DEATH Reg. Dist. No. 6
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest cown) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town limits, write RURAL and give nearest town) Street No. (If reteran, name war
3. (a) FULL NAME Marsonie Stults Stambaugh	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or proceed 6. (b) Name of husband or wife. 6. (c) Hallve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Cometery or cremation, or removal. Which?) 18. Funeral director. Address 19. Coate ree'd by registers?) 19. Coate ree'd by registers? 19. Coate ree'd by registers?	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.

BELLEVILLED THE STATE OF A STATE

RECEIVED APR 3 1945 BUREAU V.S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Technology	State County Darrell
City or fown	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rarsl, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	3. (0) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W widgiver	20. DATE OF DEATH CLOSel 14 1945 at 6A. A
6.(b) Name of husband or will area Statule	21. I FERTIFY that death occurred on the date above stated; the lattended deceased the
7. Birth date of	and that I last saw h Lew alive on Wood 14 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
83 9 19hrsmin.	1800 Menustra 4 mag
9. Birthplace md	Due fo.
Town, county, and state)	14
10. Usual occupation.	Oue to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name vey ann Jeung 15. Birthplace	Major findings of operations
15. Birthplace	Oate of op,
18. Informant	Autopsy resulta
Address Williaminstic.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereof. (manth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Selenaant Valley	Where did injury occur?
Location Glescant Vally Sal	Injured at home, farm, Industry, public place (where?)
18. Funeral director latter says Son	Meens of Injury tnjured at work?
Address Dancytown Trul,	Duty Ban (ms.)
19 March 16. 19 45 - Ethele M Mehris (Date rec'd by registrar) (Registrar)	23. SIGNATURE M. D. or other M. D. or other Maryland Date signed 2/4/47
(Daw see of pl segment)	, wantessive and significant

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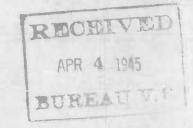
PLEASE

correct age

Supply every item of information carefully. The please write the causes of death clearly and legible

WRITE PLAINLY, WITH UNFADING Is especially important. Physician

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

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correct age

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ion carefully. information of of death cles WITH UNF important. is especially

PLEASE

	Address	Sykes	ville	, Mar	yland	
	17. Burial, o	eremation, or r	emoval Whi	Date	thereof	honth)
		or crematory	Ka	2		
۱	Location	24	age	stor	٠	Ma
ı	19. Funeral	director	PK	bol	Ima	· · · · · · · · · · · · · · · · · · ·
	Address	No	eg.	tol	m	1.
	19. Ma	e'd by registra	19. <i>H</i>	5	P. Has	eg Zi
١,	(Date re	e d by registra	(1)			//

						,
PLACE OF DEATH: Carroll punty			URAL and give nearest town) MO., l day Espital	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Mary Land Col City or town Hagerstown (If outside city or town limit Street No	Washingt write RURAL and give nea	rest town)
3. (a) FULL NAME	eorge W	. Taj	vlor		3. (b) Social Security	Number
4. Sex 5.	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white	m	arried	20. DATE OF DEATH March 2	19 45	3:05a.
6.(b) Name of husband or v 7. Birth date of deceased (mo., day, yr.)		6.(0	e) It alive, give ageyears	2t. I CERTIFY that death occurred on the date about 1 19.00	ove stated; that I attended dece 43 to March 2	ased trom
deceased (mo., day, yr.) 8. AGE: Years 60	Months 11	Days 15	If less than one day	Cerebral thrombosi		DURATION 12 hrs
9. Sirthplace Frede tB. Usual occupation I 11. Industry or business 12. Name John 13. Birthplace Har 14. Maiden same Ja	aborer Willia risonbu	m Taj	rlor /irginia	Bue to. Bue to. Bue to. Bither conditions General parathe in sane (Incinde pregnancy within 3	alysis of	1934 11 yrs
15. 9irthplace LOV	rettsvil	le, V	irginia	Major findings of operations		
19. Informant Sprin	RITETO	Diale	nosp. records	Autopsy results	hich death should be charged	statistically.
(Burial, eremation, or Cemetery or crematory	removal Which?)	Date there	inonth) July) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County)	(State)
19. Funeral director	A.K.	20/1	max	Robert Bertrand Ma	tnjured at work?	
/				The state of the s	de V a Walla	1

23. SIGNATURE Joke Work Land M.D. Springfield State Hospital M.D. Address Sykesville, Mary Land Date signed



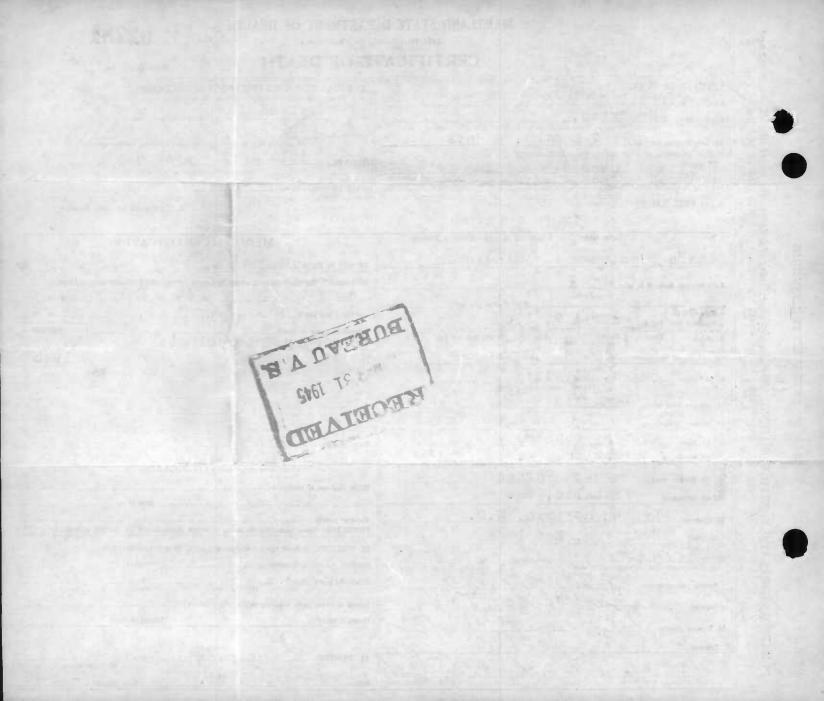
MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

74 Reg. Dist. No.

1. PLACE OF DEATH: county Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland		
(If outside city or town limits, write RURAL and give nearest town)	State Wary Land County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 months, 4 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Maryland Tuberculosis Sanatorium	Street No. 1010 Argyle Avenue		
Colored Branch, Henryton, Maryland	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
	3. (b) Social Security Number		
RUTH TUNNING			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female col. single	20. DATE OF DEATH March 22, 19.45 at 7:00A		
6.(¿) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18, 19 44 to March 22, 19 45		
7. Birth date ofyears			
deceased (mo., day, yr.) April 7, 1908	and that I tast saw h. er alive on March 22, 18. 45		
8. AGE: Years Months Days tiless than one day	Pulmonary Tuberculosis DURATION May		
36 11 15	Pulmonary Tuberculosis May 1943		
	1340		
9. Birthplace Salem, Virginia (Town, county, and state)	Due to		
10. Usual occupation Domestic			
	Due to		
11. Industry or business			
E 12. Name Austin Tunning 13. Birthplace Franklin, Va.	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Rebecca Parker 15. Birthplace Franklin, Va.			
5 15. Birtholace Franklin, Va.	Major findings of operations.		
Douber Heffman M D	Date of op		
	PHYSICIAN: Please naderline the cause to which death should he charged statistically.		
Address Henryton, Maryland			
(Buriai, cremation, or removal. Which?) Date thereot	22. VIOLENCE: it death was due to external causes, till in the tollowing;		
n + / //	Accident, suicide, or homicide		
Gemetery or crematory Thus All All All All All All All All All Al	Where did injury occur?		
Location Cedar Hill, The	tnjured at home, farm, industry, public place (where?)		
(total alun) polaton	Means of injury injured at work?		
18. Funeral director			
Address 7 8 Drana Mile, Mile,	23. SIGNATURE Carbon TORGEN M.D.		
19. March 22, 19 45 albert R. Sava pho	M. D. or other		
(Date rec'd by registrar) Deputy Localegistrar	Address Henryton, Md. Date signed 3-22-45		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

02782

CERTIFICATE OF DEATH

Reg. Dist. No...

74

1. PLACE OF DEATH: County Carroll CHy or town He nryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 nonths, 5 days Hospital, institution, or street, address where death occurred:	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) Waryland County		
Hospital, institution, or street address where death occurred: Waryland Tuberculosis Sanatorium Colored Branch, Henryton, M.d. How long in hospital or institution?	Streef No. 1010 H1885 AVEILUE (If rural, give LOCATION) 2.(a) If veleran, name war.		
3.(a) FULL NAME CHARLES FRANKLIN V	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male colored Married	MEDICAL CERTIFICATION 217-07-3249 MEDICAL CERTIFICATION 19.45 11.00 10.45 11.00 10.45 11.00 10.45 11.00 10.45 11.00		
6.(b) Name of husband or wife Julia Ward 7. Birth date of deceased (mo., day, yr.) Nov., 12, 1892	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 6, 19.44 10 March 11, 19.45 and that I last saw h 1 m. alive on March 11, 19.45		
8. AGE: Years Months Days If less than one day 52 3 27 hrsmin.	Pulmonary Tuberculosis Pulmonary Tuberculosis Aug. 24		
9. Birthplace Frederick, Md. (Town, county, and state) 10. Usual occupation Waiter 11. Industry or business Unknown 12. Name John Ward 13. Birthplace Frederick, Md.	Due to Due to Diher conditions		
14. Malden name. Minnie Ward 15. Birthplace Frederick, Md. 16. Informant. Reuben Hoffman, M. D.	(Inclode pregnancy within 3 months of death) Major findings of aperations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Henryton, Md. 17. (Borial, cremation, or removal. Which?) Cemetery or crematory. M. Which? Location Am Grandall and 1. 18. Funeral director. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

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	CERTIFICA	IL OI DEATH	Reg. Dist. No	<i>[Q.</i>
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or town	rite RURAL and give nearest town)	State MARYLAND Co	•	
How long in above place of death?		Street No		
How long in hospital or institution?		2.(a) If veteran, name war		*******************
3. (a) FULL NAME	MES SHERLEY	VARD	3. (b) Social Security 1	
)Single, married, widowed, or divorced		ERTIFICATION	/ == -
MALE WHITE	MARRIED	20. DATE OF DEATH MARCH		at 6 A.
6.(6) Namo of husband or wife		21. I CERTIFY, that death occurred on the date about 19 19 19 19 19 19 19 19 19 19 19 19 19	45 10 March	-26 18.76
7. Birth dato of deceased (mo., day, yr.) SANUITE	Y 3, 1919	and the second s		DURATION
8. AGE: Years Months Day	rs If less than one day	Immediate cause of death	In. (ch/.	10413.
26 2 2	3min	1 1/4		3-22-4
9. Birthplace CARROLL COLUMN COUNTY.	MTY, MD.	Due to.	***************************************	***************************************
1D. Usual occupation HIRPLANE			>>···	
11. Industry or business		Due to		***************************************
12. Name ARYEY R. 13. Birthplaco AD.	INARP	Other conditions		•**••
14. Malden name ELEANOIS	CRESS	(Include pregnancy within 3	months of death)	
10		Major findings of operations	***************************************	
¥ 15. Birthplace MD.	5 14/4 5 5		Date of op.	
16. informant MRS, JAMES		PHYSICIAN: Please underline the cause to w		
Address FINKSBU		22. VIOLENCE: It death was due to external car		
17 (Burial, cremation, or removal, Which?)	e thereof 3/29/45 (month) (day) (year)	Accident, suicide, or homicide.	Dato ot	••••••
Cemetery or crematory. MOUNT P		Where did injury occur?(City or town)	(County)	(State)
Location MINERS V	144E, PA.	Injured et homo, farm, industry, public place (w		
18. Funeral director. J. FRAN	ICIS REESE	Means of Injury	tnjured at work?	
Address NESTM	INSTER, MD.	2 SIGNATURE IN C.	Semulte.	k
19. Date ye'd by registrar)	Alucy	, , , , , , , , , , , ,	lu hu Date signed	-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

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APR 3 1945 EUREAU V.S. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

112784

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:			
County Carroll				Maruland				
City or town (If outside city or town limits, write RURAL and give nearest town)				Siate Coun	ty			
	(If outsi	de city or town I	onth	27 days	1)	City or town Baltimore (If outside city or town limits,		
How long in ab	ove place of d	eath?et address where	death occurred		********	(II outside city or town limits,	write RURAL and give	nearest town)
Marvl	and T	ubercu	losis	Sanatorium		Sireet No. 727 Baker St	(OC 4 (TEA DE LA DE LA DE LA DE LA DE LA DELA DE	
Color	ed Bi	anch,	Henry	ton, Marylan	id			10000
1		Iltution?		***************************************	*******	2.(a) it veleran, name war		
3. (a) FULI	LNAME						3. (b) Social Secur	ity Number
			PHIL:	LIS ROSETTA	WAI	KINS	Lost	
4. Sex	5.	Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
femal	_	201		single				E 7.001
_ remar	.6 1	col.	1	STURTE		20. DATE OF DEATH. March 17,		
8.(b) Name of	husband or w	lfe	******		******	21. I CERTIFY that death occurred on the date above	e stated; that t attended o	doceased trom
						January 18, 194		
		Doo	5	t) It alive, give age	Jears	and that t last saw h. er alive on Marc	h 17,	194.5
deceased (n			. 5,			Immediate cause of death		MOITARUD
8. AGE:	Years	Months	Days	It less than one day		Immediate cause of death Pulmonary Tubercu	losis	1/1/45
	16	3	12	hrs	min.			00000
9 Riethniasa	Ba]	timore	. Mar	yland tate)		Sue to		
10. Usual occ	upalion	Schol	ar			Que to	***************************************	***************************************
1t. Industry o	hueinace						*******************************	
		arles	Watki	ns				
					********	Other conditions		***************************************
		ains,				(Include pregnancy within 3 m	onths of death)	
H 14. Malde	n name	Nannie	Fran	klin		Major findings of operations		
14. Maide 15. Birthp	ione	Dunkir	k. Ma:	rvland				
				M.D.			The second secon	
18. interment.						Autopsy results	ch death should be char	rad statistically
Address	Henr	yton,	Maryl:	and				
17			Date there	ent Man 20-4 (month) (day) (year	5	22. VtOLENCE: It death was due to external caus		
(Burial, cr	emation, or	removal. Which?	A Sale mere	(month) (day) (yea	r)	Accident, suicide, or homicide		
Cemetery or	crematory	MILLIN	mino	······································	******	Where did injury occur?(City or town)	(County)	(State)
	13110	Eknyn	- 0	tal		injured at home, tarm, industry, public place (who		
	1200	" //		7. X		Means of injury	injured at work?	
18. Funeral di	rector	4. S	· All	for		means of injury	injuieu at work?	
Address/C	303	PHAL	tina	m, At.		The post of the party of	0 - 0 -	2
		1/2	11	1 101	//	23. SIGNATURE Question	mon, m.	D. or other
19. Mar	ch 17	2 19 45 ar)	all	eputy Loca ke	the	00	M.	
(Date rec	'd by registr	ar)	ע	chara Toca Bei	gistrar	Address Henryton, Md.	Date sign	ned UTL/THO



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

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			CERTIFICAT	TE OF DEATH Reg. Diat. No	4
How long in above place Rospitat, institution, or Maryian Colored How long in hospital or	ryton utside city or town lin of death? 10 0 street address where d d Tuberct Branch, Institution?	lays eath occurred llosis	URAL and give nearest town) S Sanatorium yton, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Anne Arun City or town Annapolis (If outside city or town limits, write RURAL and give near 21 0 Brien Court (If rural, give LOCATION) 2.(a) If veteran, name war	est town)
3. (a) FULL NAM	SAMUEL	WATK:	INS	3. (b) Social Security N	lumber
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Mai	rried	20. DATE OF DEATH. March 2, 19 45	2.45P
7. Sirth date of	June		atkins Ottalive, give age 32 years	21. I CERTIFY that death occurred on the date above stated; that I attended decear February 22 19. 45 to March and that I last saw h. im alive on March 2,	and from
deceased (mo., day,) 8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION 1/2/45
37		17	hrsmin.	Pulmonary Tuberculosis	1/2/30
9. Birthplace	Unknown Samuel V	Worke Vatkin	er ns	Due to	
	Annapoli	S, MIC	l a	(Include pregnancy within 8 months of death)	
15. Birthplace	Eleanor Annapoli	s, Mo	1.	Major findings of operations	
Address	Reuben Ho Henryton or removal. Which? or Carl thul Thouth North	Md . Date there	3/5/1945 , (Booth) (fax) (year)	Autopsy results	(State)
19. 3/2 (Date rec'd by re	19 45	alber	Rosa Registrar	M, D, or	3/2/45

VS A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK is especially important. Physicians:

APR 5 1945
BUREAU V.B.

DIACE OF DEATH

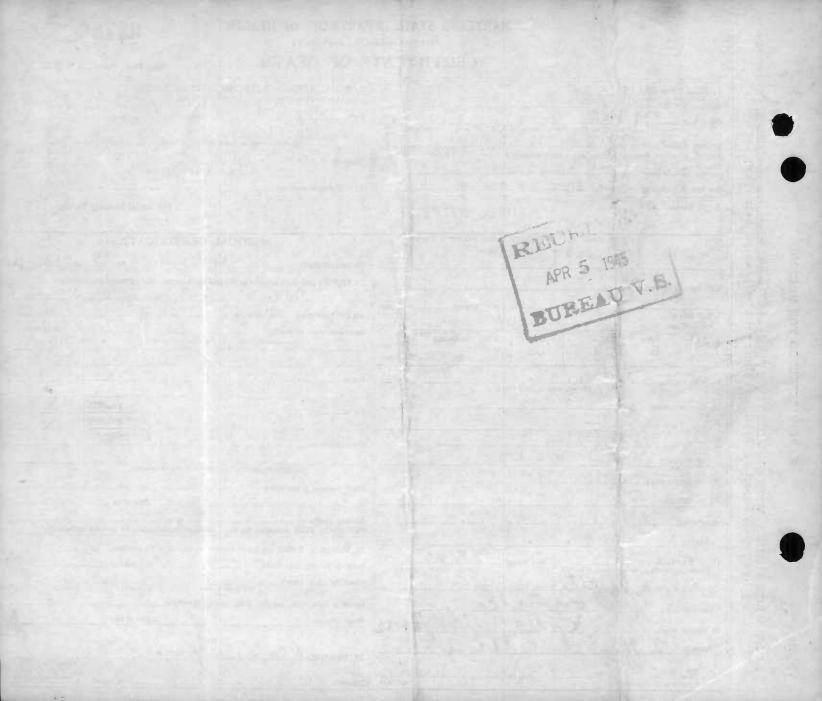
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

02785

CERTIFICATE OF DEATH

County Carroll	(For newborn infants give residence of mother)
Olty or town Henryton	state Maryland county
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of aceth? 4 mos. 25 days Hospital, institution, or street address where death occurred: Mary land	(If outside city or town limits, write RURAL and give nearest town) Street No. 810 N. Woodyear Street
Tuberculosis Sanatorium(Colored)	Street No. Old IV. WOODYSCATION)
How long in hospitat or institution? Same as above	2.(a) If veteran, name war
3.(a) FULL NAME DELORES WILKINS	3. (b) Social Security Number
	none
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced female colored single	MEDICAL CERTIFICATION
Temate Colored Single	20. DATE OF DEATH. March 3 19 45 at 7:25 p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Oct. 8 1943 to March 3 1945
7. Birth date o1 Feb. 4, 1937	and that I last saw h. er alive on March 3 19. 45
deceased (mo., day, yr.) Pep. 4, 1907 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8 0 29hrs. min.	Pulmonary tuberculosis June
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. Name Ruie Wilkins 13. Birthplace North Carolina	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Annie Wilkins	
14. Malden name Annie Wilkins 15. Sirthplace North Carolina	Major findings of operations
18 Informant Reuben Hoffman M.D.	Autopsy results.
TT	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A P /	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) Dale thereof. 3/8/45 (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory, Westeren Cena.	Where did injury occur?
Location Catonvill	Injured al home, farm, industry, public place (where?)
may Tin I'll and	Means of Injury Injured at work?
18. Funeral director	
Address 322. Scholder St. A	23. SIGNATURE Cecken Mf year, M.D.
19. Rarch 4 19.45 Clleff Sure Registrar (Date rec'd by registrar)	M. D. or other
(Date rec'd by registrar) (PD11T.V OCA Registrar	Address Henryton, Md. Date signed 3-4-45



WRITE PLAINLY, WITH UNFADING INK. Service is especially important. Physicians: please

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State of anyland County Carroll		
(For newhorn infants give residence of mother)		
3. (b) Social Security Number		
MEDICAL CERTIFICATION 20, DATE OF DEATH WORLD 27 1945, 21 3 A M		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.		
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

THE PERSON OF THE PARTY OF THE PARTY.

RECEIVED.

APR 3 1945

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02788

		CERTIFICAT	TE OF DEATH	Reg. Dist. No. 74	*********
Tuberculo	eath occurred	Sanatorium	(For newborn infants give residence of Maryland Country and Country and Country and Country or town limits and Country or town li	mother) aty b, write RURAL and give nearest to ngton Street LOCATION)	wa)
E				3. (b) Social Security Numb	er
colored	si	ngle	20. DATE OF DEATH March 4.	19 45 21	5.25
	., 3,) It alive, give ageyears	and that I took say the same of the same o	1	19.45 18.45
Months 6	Days 1	It less than one dayhrsmin.			Oct. 1943
Domestic	ounty, and s	C.	Due to		
Walter			Diher conditions		000000110111001101
Mozell	Hood		Major findings of operations		
Reuben Ho					
			Autopsy results	aich death should be charged statistic	cally.
Dry	Date there	Must day (year)	Where did injury occur?(City or town)	(County) (Stat	
	ryton or death? I very the control of death? I very to make the color of the color	aryton or death? 1 yr 2 street address where death occurred Tuberculosis 3 Franch, Henryton ELIZABETH YOUT 5. Color or race 6.(a) Single colored single	ATH: Olivitor Oryton Orthogolic city or town limits, write RURAL and give nearest town) of death? 1 yr. 2 months, 3 day street address where death occurred: Tuberculosis Sanatorium Pranch, Henryton, Md. E ELIZABETH YOUNG 5. Color or race	(For newborn infants give residence of Maryland Counted State. I yr. 2 months, 3 days giret address where death pecured: Tuber culosis Sanatorium Tranch, Henryton, Md. E ELIZABETH YOUNG 5. Color or race	ATH:

